

2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002791

FILED
Feb 09, 2015
Secretary of State
CC1460769666

Entity Name: FELLOWSHIP OF RECONCILIATION, INC.

Current Principal Place of Business:

521 NORTH BROADWAY
NYACK, NY 10960

Current Mailing Address:

P.O. BOX 271
HYACK, NY 10960

FEI Number: 13-3792144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name ADAMS-EL GYABI, SHAINA
Address 521 NORTH BROADWAY
City-State-Zip: NYACK NY 10960

Title TREASURER
Name SCHEURER, WILLIAM
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title VC
Name BEACHY, ISAAC
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name BONTRAGER, WILL
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name SMITH, SAM
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title CHAIR
Name CHILDERS, LAURIE
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name MACKEY, DOUG
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name MEADE, MARK
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN STONEKING

EXECUTIVE DIRECTOR

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURPHY, JIM
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name RABTEN, TASHI
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name VEGOSEN, ARIEL
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name JACKSON, LA TRINA
Address 521 NORTH BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name HESS, MAX
Address 521 NORTH BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name NORTHRUP, BILL
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title EXECUTIVE DIRECTOR
Name STONEKING, KRISTIN
Address 521 N. BROADWAY
City-State-Zip: NYACK NY 10960

Title D
Name WEST, ROLANDA
Address 521 NORTH BROADWAY
City-State-Zip: NYACK NY 10960

Title DIRECTOR
Name HOOD, JEFF REV.
Address 521 NORTH BROADWAY
City-State-Zip: NYACK NY 10960