

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 21, 2019
Secretary of State
5607664040CC

Entity Name: FELLOWSHIP OF RECONCILIATION, INC.

Current Principal Place of Business:

37 W BROAD STREET, ROOM 201
HAVERSTRAW, NY 10927

Current Mailing Address:

C/O SMART CHARITY
11890 SUNRISE VALLEY DRIVE, SUITE 206
RESTON, VA 20191 US

FEI Number: 13-3792144

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: JANICE NULL

03/21/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BRAGG, BRIANNA
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title CO-CHAIR OF NATIONAL COUNCIL
Name STONEBRAKER-MARTINEZ, CHRISSY
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title EXECUTIVE DIRECTOR
Name JORDAN-SIMPSON, EMMA REV. DR.
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title DIRECTOR
Name COLVIN, MICHAEL
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title SECRETARY
Name ZOLOT, TOM
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title CO-CHAIR OF NATIONAL COUNCIL
Name MEYER, MATT
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title DIRECTOR
Name LYMAN, PATTY
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title TREASURER
Name IANCULOVICI, CIPRIAN
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

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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: EMMA JORDAN-SIMPSON

EXECUTIVE DIRECTOR

03/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NICOTERA, ANTHONY
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title DIRECTOR
Name GOGGINS, AARON
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title DIRECTOR
Name NEY, CHRIS
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title DIRECTOR
Name MAGNO, PAUL
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927

Title NCC CHAIR
Name GRIMES, ANTHONY
Address 37 W BROAD STREET, ROOM 201
City-State-Zip: HAVERSTRAW NY 10927