


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000002791 1. Entity Name FELLOWSHIP OF RECONCILIATION, INC.	
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Principal Place of Business 521 NORTH BROADWAY NYACK, NY 10960	Mailing Address P.O. BOX 271 HYACK, NY 10960
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DO NOT WRITE IN THIS SPACE



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-3792144	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, SHAINA 4417 PINE STREET PHILADELPHIA, PA 19104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANET 1780 CHURCH SR NE SALEM, OR 97303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENEIDY, TAREKK E P.O. BOX 97, 41 ATLANTIC AVE. ROCKPOINT, MA 01966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JANET 1780 CHURCH ST NE SALEM, OR 97303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CESAR 3033 S.L ST. OXNARD, CA 93033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHERVISH, PHILIP 1630 SUTHERLAND DR. LOUISVILLE, KY 40205

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 06/03/08-80057-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hillary Gaston HILLARY GASTON Sr 04/30/2008 845358460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #