

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002791

FILED
Jan 07, 2009
Secretary of State

Entity Name: FELLOWSHIP OF RECONCILIATION, INC.

Current Principal Place of Business:

521 NORTH BROADWAY
NYACK, NY 10960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 271
HYACK, NY 10960

New Mailing Address:

FEI Number: 13-3792144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, SHAINA
Address: 4417 PINE STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: D () Delete
Name: BROWN, JANET
Address: 1780 CHURCH SR NE
City-St-Zip: SALEM, OR 97303

Title: D () Delete
Name: HENEIDY, TAREKK E
Address: P.O. BOX 97, 41 ATLANTIC AVE.
City-St-Zip: ROCKPOINT, MA 01966

Title: D () Delete
Name: BROWN, JANET
Address: 1780 CHURCH ST NE
City-St-Zip: SALEM, OR 97303

Title: D () Delete
Name: HERNANDEZ, CESAR
Address: 3033 S.L ST.
City-St-Zip: OXNARD, CA 93033

Title: D () Delete
Name: SCHERVISH, PHILIP
Address: 1630 SUTHERLAND DR.
City-St-Zip: LOUISVILLE, KY 40205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: JOHNSON, MARK
Address: 521 NORTH BROADWAY
City-St-Zip: NYACK, NY 10960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: DEKAR, PAUL SE
Address: 05-08 9 TURNBULL ROAD
City-St-Zip: DADUNDAS, ONTARIO, CN L9H 3W4

Title: T (X) Change () Addition
Name: SCHINDLER, SARAH MA
Address: 06-09 325 RIVERSIDE DR.
City-St-Zip: NEW YORK, NY 10025

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HILLARY GASTON, SR.

D

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date