

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000005162

FILED
Feb 18, 2024
Secretary of State
2113235991CC

Entity Name: RUSEAS BROTHERSISTER FOUNDATION INC.

Current Principal Place of Business:

330-340 BAYCHESTER AVENUE
1030
BRONX, NY 10475

Current Mailing Address:

330-340 BAYCHESTER AVENUE
1030
BRONX, NY 10475 US

FEI Number: 85-1145017

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PHILLIPS, NORWYN A
4647 SW 134TH AVE
MIRAMAR, FL 33027 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 P
Name MALCOLM, TROY
Address 100 ERDMAN PLACE, APT 5D
City-State-Zip: BRONX NY 10475

Title VP
Name GREEN, ANDEL
Address 231 COLEBROOK STREET
City-State-Zip: HARTFORD CT 06112

Title SEC.
Name DUNKLEY, SHANA
Address 19 GRAY AVENUE
City-State-Zip: NANTUCKET MA 02554

Title DIR
Name PHILLIPS, NORWYN
Address 4647 SW 134TH AVE
City-State-Zip: MIRAMAR FL 33027

Title TREASURER
Name MALCOLM, GREGORY
Address 330-340 BAYCHESTER AVENUE
1030
City-State-Zip: BRONX NY 10475

Title DIRECTOR
Name BUCKNOR, DIONNEE
Address 1546 PRESSLEY LN
City-State-Zip: MCDONOUGH GA 30253

Title DIRECTOR
Name BRIVETT, GLASWIN
Address 7 DAVIDSON AVENUE
City-State-Zip: HOPEWELL HANOVER

Title DIRECTOR
Name STEWART, LLOYD
Address 4 SIMONS WALK
City-State-Zip: STRATFORD LONDON E15 1QE

Continues on page 2

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: GREGORY MALCOLM

DIRECTOR

02/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAWES, DAWN
Address 410 GILLAND AVENUE
 11
City-State-Zip: KINGSTREE SC 29556