

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000005162

**Entity Name:** RUSEAS BROTHERSISTER FOUNDATION INC.

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**6198788473CC**

**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**

**04/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DEHANEY, PAUL  
Address        640 W. 4TH STREET  
                  UNIT 4  
City-State-Zip: LONG BEACH CA 90802

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