

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011820

**Entity Name:** THE REUEL BUCHANAN FOUNDATION, INCORPORATED**Current Principal Place of Business:**2865 NW 73RD AVE  
SUNRISE, FL 33313**Current Mailing Address:**2865 NW 73RD AVE  
SUNRISE, FL 33313 US**FEI Number: 83-2226204****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, LAUREL  
7415 SW 8TH STREET  
NORTH LAUDERDALE, FL 33068 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	PRESIDENT
Name	BUCHANAN, STEPHEN R
Address	2865 NW 73RD AVE
City-State-Zip:	SUNRISE FL 33313

Title	SECRETARY
Name	MORRISON, JACINE
Address	2501 NW 72ND AVE
City-State-Zip:	SUNRISE FL 33313

Title	D
Name	WILSON, DARRYL
Address	731 NW 17TH ST
City-State-Zip:	POMPANO BEACH FL 33050

Title	VP
Name	BUCHANAN, LOIS
Address	2865 NW 73RD AVE
City-State-Zip:	SUNRISE FL 33313

Title	D
Name	SMITH, ROBERT
Address	9193 SW 20TH UNIT D
City-State-Zip:	BOCA RATON FL 33428

Title	P
Name	MCFADDEN, DARRIUS
Address	14447 AVALON RESERVE BLVD APT 206
City-State-Zip:	ORLANDO FL 32828

Title	P
Name	LOUIS, RICHARSON
Address	15150 SUGARGROVE WAY
City-State-Zip:	ORLANDO FL 32828

Title	P
Name	WALKER, ROSHANE
Address	12048 MAGAZINE ST
City-State-Zip:	ORLANDO FL 32828

**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: LAUREL BROWN****T****05/02/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	T
Name	BROWN, LAUREL
Address	7415 SW 8TH STREET
City-State-Zip:	NORTH LAUDERDALE FL 33068