

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000004636

1. Entity Name
CURTIS FAMILY FOUNDATION, INC.



Principal Place of Business

PO BOX 3302
PALM BCH, FL 33480 US

Mailing Address

PO BOX 3302
PALM BCH, FL 33480 US



01112007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0441571

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, ALAN
720 S OCEAN BLVD
PALM BEACH, FL 33480

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000591965
01/19/07-80044-002 70.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CURTIS, ALAN
STREET ADDRESS 720 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME CURTIS, CHRISTINE W
STREET ADDRESS 720 S OCEAN BLVD
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE D
NAME CURTIS, LINDA
STREET ADDRESS 983 OLD POST ROAD
CITY-ST-ZIP NEW PALTZ, NY 12561

TITLE D
NAME CURTIS, ROBERTA
STREET ADDRESS 16 HUDSON ST
CITY-ST-ZIP NEW YORK, NY 10013

TITLE D
NAME GINSBERG, MARK
STREET ADDRESS 16 HUDSON ST
CITY-ST-ZIP NEW YORK, NY 10013

TITLE D
NAME CURTIS, BRYAN
STREET ADDRESS 4519 E. CLOUDBURST COURT
CITY-ST-ZIP GILBERT, AZ 85297

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/07

Date

561-835-1096

Daytime Phone #