

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 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**



01092008 No Chg-NP

CR2E037 (4/06)

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

U000000782075
01/15/08-80060-008 158.75

**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

1/14/08
Date

561-835-1096
Daytime Phone #