

**\* SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 19400000287

1. Corporation Name  
Native American Cultural Foundation of Florida, Inc.

Principal Place of Business Mailing Address

6445 N.E. 7th Avenue  
Miami FL 33138-6220

3. Date Incorporated or Qualified June 7, 1994 3a. Date of Last Report NOV. 30, 1995

4. FEI Number 650502294 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Allyson Warren  
82 Street Address (P.O. Box Number is Not Acceptable) 625 N.E. 83rd Lane  
83  
84 City Miami FL 85 Zip Code 33138

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Allyson M. Warren ALLYSON M. WARREN 8/2/96  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE Don Curtiss  
NAME President + Executive Director  
STREET ADDRESS 120 West Ave Apt 525  
CITY-ST-ZIP Miami Beach FL 33139

TITLE Ann Carlton  
NAME Vice President, Asst Executive Director  
STREET ADDRESS 743 N.E. 80th St.  
CITY-ST-ZIP Miami FL 33138

TITLE Secretary  
NAME Clifford W. Young  
STREET ADDRESS 2101 Brickell Ave Apt 208  
CITY-ST-ZIP Miami FL 33129

TITLE Treasurer  
NAME Pam Marks  
STREET ADDRESS 177 N.E. 44th St  
CITY-ST-ZIP Miami FL 33137

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Don Curtiss Don Curtiss 2/August/1996  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 818/196

CR2E037 (3/96)