
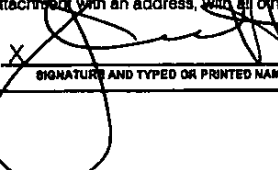


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90187 016 ****61.25

DOCUMENT # N97000007069 1. Entity Name J. IRA AND NICKI HARRIS FOUNDATION, INC.																																																																																																																														
Principal Place of Business 220 SUNRISE AVENUE STE 210 PALM BEACH, FL 33480			Mailing Address C/O BCBS ASSOCIATES 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005																																																																																																																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																												
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0805468																																																																																																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div> 6. Name and Address of Current Registered Agent HARRIS, J. IRA 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480 </div> <div> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> </div> </div>																																																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																														
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																												
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete</td> </tr> <tr> <td>NAME</td> <td>HARRIS, J IRA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>NAME</td> <td>HARRIS, NICKI</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>NAME</td> <td>MOORE, DAVID</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>NAME</td> <td>HARRIS-HOCHBERG, JACQUELINE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>NAME</td> <td>HARRIS, JONATHAN</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> <tr> <td>NAME</td> <td>TISCH, DANIEL R</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>220 SUNRISE AVENUE SUITE 210</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PALM BEACH, FL 33480</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Change</td> <td style="width: 20%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>DS</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Jacqueline Harris Hochberg</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>220 Sunrise Avenue, Suite 210 Palm Beach, FL 33480</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>DT</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Jonathan Harris</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>220 Sunrise Avenue, Suite 210 Palm Beach, FL 33480</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	HARRIS, J IRA	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		NAME	HARRIS, NICKI	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		NAME	MOORE, DAVID	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		NAME	HARRIS-HOCHBERG, JACQUELINE	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		NAME	HARRIS, JONATHAN	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		NAME	TISCH, DANIEL R	<input type="checkbox"/>	STREET ADDRESS	220 SUNRISE AVENUE SUITE 210		CITY-ST-ZIP	PALM BEACH, FL 33480		TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				NAME	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	Jacqueline Harris Hochberg			CITY-ST-ZIP	220 Sunrise Avenue, Suite 210 Palm Beach, FL 33480			NAME	DT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS	Jonathan Harris			CITY-ST-ZIP	220 Sunrise Avenue, Suite 210 Palm Beach, FL 33480			NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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:  J. Ira Harris, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																														
<small>Date</small> _____ <small>Daytime Phone #</small> _____																																																																																																																														