

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000007069

**Entity Name:** J. IRA AND NICKI HARRIS FOUNDATION, INC.**Current Principal Place of Business:**220 SUNRISE AVENUE  
STE 210  
PALM BEACH, FL 33480**Current Mailing Address:**C/O BCRS ASSOCIATES  
100 WALL STREET, 11TH FLOOR  
NEW YORK, NY 10005**FEI Number:** 65-0805468**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRIS, J. IRA  
220 SUNRISE AVENUE, SUITE 210  
PALM BEACH, FL 33480 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	DPS
Name	HOCHBERG, JACQUELINE H
Address	220 SUNRISE AVENUE SUITE 210
City-State-Zip:	PALM BEACH FL 33480

Title	DV
Name	HARRIS, NICKI
Address	220 SUNRISE AVENUE SUITE 210
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	MOSKOWITZ, BRUCE
Address	220 SUNRISE AVENUE SUITE 210
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	MOORE, DAVID
Address	220 SUNRISE AVENUE SUITE 210
City-State-Zip:	PALM BEACH FL 33480

Title	DT
Name	HARRIS, JONATHAN
Address	220 SUNRISE AVENUE, SUITE 210
City-State-Zip:	PALM BEACH FL 33480

Title	D
Name	SHADUR, CRAIG
Address	220 SUNRISE AVENUE, SUITE 210
City-State-Zip:	PALM BEACH FL 33480

*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:** JACQUELINE H HOCHBERG**PRESIDENT****01/09/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date