

2017 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:**220 SUNRISE AVENUE
SUITE 210
PALM BEACH, FL 33480 US**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	DIRECTOR, PRESIDENT, SECRETARY
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, VP
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

Title	DIRECTOR
Name	BARRAT, SHERRY S.
Address	220 SUNRISE AVE, 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: NICKI HARRIS**PRESIDENT****03/01/2017**

Electronic Signature of Signing Officer/Director Detail

Date