## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007069

Entity Name: J. IRA AND NICKI HARRIS FAMILY FOUNDATION, INC.

**FILED** Mar 03, 2024 **Secretary of State** 5349442950CC

## **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:

CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408 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:

DIRECTOR, PRESIDENT Title Title D

HARRIS. NICKI MOSKOWITZ, BRUCE Name Name

220 SUNRISE AVENUE SUITE 210 Address 220 SUNRISE AVENUE SUITE 210 Address

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480

Title DT, VP, TREASURER Title D Name HARRIS, JONATHAN Name MOORE, DAVID

220 SUNRISE AVENUE, SUITE 210 Address 220 SUNRISE AVENUE SUITE 210 Address

City-State-Zip: PALM BEACH FL 33480 City-State-Zip: PALM BEACH FL 33480

**DIRECTOR** Title Title D. SECRETARY

Name NEWMAN, ANDREA Name SHADUR, CRAIG

Address 220 SUNRISE AVENUE Address 220 SUNRISE AVENUE, SUITE 210 STE 210

City-State-Zip: PALM BEACH FL 33480 PALM BEACH FL 33480 City-State-Zip:

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.

03/03/2024 **PRESIDENT** SIGNATURE: NICKI HARRIS