

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000008443

1. Entity Name
MEL & FRAN HARRIS FAMILY FOUNDATION, INC.



Principal Place of Business
10800 BISCAYNE BLVD, 10TH FL
MIAMI, FL 33161

Mailing Address
10800 BISCAYNE BLVD, 10TH FL
MIAMI, FL 33161



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1063032

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, MEL
10800 BISCAYNE BLVD, 10TH FL
MIAMI, FL 33161

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HARRIS, MEL
STREET ADDRESS 10800 BISCAYNE BLVD, 10TH FL
CITY-ST-ZIP MIAMI, FL 33161

TITLE D
NAME HARRIS, FRAN
STREET ADDRESS 10800 BISCAYNE BLVD, 10TH FL
CITY-ST-ZIP MIAMI, FL 33161

TITLE D
NAME HARRIS, GINGER
STREET ADDRESS 10800 BISCAYNE BLVD, 10TH FL
CITY-ST-ZIP MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U0010001438294
02/28/06-80082-015 61.25

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 *305 899-0414*
Date Daytime Phone #