

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 A
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**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1063032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000661413
03/20/07-80039-019 61.25**

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	

**DO NOT WRITE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/07
Date

305/899-0404
Daytime Phone #