FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT #

N11680

(8)

JOHN H. AND LUCILE HARRIS FOUNDATION, INC.

FILED Apr 01 1997 8:00am Secretary of State



Principal Place	or Business	Mailing Address				
% JOHN H HA 5811 PELICAN NAPLES FL 33	BAY BLVD., SUITE #615	% JOHN H HARRIS 5811 PELICAN BAY BI NAPLES FL 34108-276		15	Date Incorporated or Qualified	3a. Date of Last Report
					10/21/1985	04/15/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2600172	Not Applicat
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired	\$8.75 Additional
22		27			J. Ostimodo of Editor Doomed	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23 Zin	Country		Count	rv	Trust Fund Contribution 8. This corporation has liability for its component of the compone	
ZID 34108	~2762 Country USA	29	30 Count	SA		mangibie tax under s. 199.032, XYes ☐ No
<u></u>	9. Name and Address of Curre				10. Name and Address of New Re	
			8	1 Name		
HARRIS, JOHN H				82 Street Address (P.O. Box Number is Not Acceptable)		
	5811 PELICAN BAY BLVD					
SUITE 6			8	3		
NAPLES	6 FL 33963		8	4 City		85 Zip Code
				<u> </u>		FL S EN COOR
office or re	egistered agent, or both, in the State	e of Florida. Such change w	as authorized	by the cornora	poration submits this statement for the pation's board of directors. I hereby accept	turpose of changing its registered at the appointment as registered
agent. I a	n familiar with, and accept the oblig	ations of, Section 617.0503	, Florida Statut	es.		
SIGNATURE	Signature, typed or printed name of registered ag		univer mandatabase		ulred when reinstating)	DATE
12.		POT DIRECTORS	13.	igeni signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	DELETE	1.1 1111			Change XIX Addit
NAME	HARRIS, JOHN H		1.2 NAM	£		
STREET ADDRESS	100 GLENVIEW PLACE, #PI	14	1.3 STRE	ET ADDRESS		
CITY-S1-7IP	NAPLES FL		1.4 CITY	-ST-ZIP		34108-2762
TITLE	VD	☐ DELETE	2.1 TITLE			Change XX Addit
NAME	HARRIS, LUCILE H		2.2 NAM	٤		
STREET ADDRESS	100 GLENVIEW PLACE, #PI	H4	2.3 STAE	ET ADDRESS		24100 0760
CITY-ST-ZIP	NAPLES FL	T DELETE		(-ST-ZIP		34108-2762
TITLE	D	☐ DELETE	3.1 TITL	ì		Change AlAddit
NAME	HARRIS, JOHN H II		3.2 NAM	· I		
STREET ADDRESS	901 46 ST Moline IL			ET ADORESS		61265
CITY - ST - ZIP TITLE	MOLINE IL	DELETE	4.1 TET L	Y-ST-ZIP		Change Addit
NAME			4. 2 NAM			
STREET ADDRESS	l			ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
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NAME			5.2 NAM	E		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY - ST - ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6.1 TITL	: 7		☐ Change ☐ Addit
NAME			6.2 NAM	E		· ·
STREET ADDRESS			6.3 STRI	EET ADDRESS		
CITY-ST-ZIP			6.4 City	-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplement annual 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 comporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 if phanged or in a particular with an address. COUDOHNIH. HARRIS

SIGNATURE

MARCH 28, 1997

941-597-8687