


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90043 022 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # N11680

1. Corporation Name

JOHN H. AND LUCILE HARRIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

5150 TAMiami TRAIL NORTH
SUITE 502
NAPLES FL 34103
US

5150 TAMiami TRAIL NORTH
SUITE 502
NAPLES FL 34103
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

10/21/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2600172

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRIS, JOHN H
5811 PELICAN BAY BLVD
SUITE 615
NAPLES FL 34108

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PSTD ☐ DELETE

NAME HARRIS, JOHN H
STREET ADDRESS 100 GLENVIEW PLACE, #PH4
CITY-ST-ZIP NAPLES FL 34108

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

7425 Pelican Bay Blvd. #2101
Same as left column

TITLE VD ☐ DELETE

NAME HARRIS, LUCILE H
STREET ADDRESS 100 GLENVIEW PLACE, #PH4
CITY-ST-ZIP NAPLES FL 34108

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

7425 Pelican Bay Blvd. #2101
Same as left column

TITLE D ☐ DELETE

NAME HARRIS, JOHN H II
STREET ADDRESS 901 46 ST
CITY-ST-ZIP MOLINE IL 61265

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 supplemental 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 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 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

John H. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/99 941-430-0570