

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

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

Current Principal Place of Business:

220 SUNRISE AVENUE
STE 210
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

C/O BCRS ASSOCIATES
100 WALL STREET, 11TH FLOOR
NEW YORK, NY 10005

New Mailing Address:

FEI Number: 65-0805468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, J. IRA
220 SUNRISE AVENUE, SUITE 210
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DPS
Name: HOCHBERG, JACQUELINE H
Address: 220 SUNRISE AVENUE SUITE 210
City-St-Zip: PALM BEACH, FL 33480

Title: DV
Name: HARRIS, NICKI
Address: 220 SUNRISE AVENUE SUITE 210
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: MOSKOWITZ, BRUCE
Address: 220 SUNRISE AVENUE SUITE 210
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: MOORE, DAVID
Address: 220 SUNRISE AVENUE SUITE 210
City-St-Zip: PALM BEACH, FL 33480

Title: DT
Name: HARRIS, JONATHAN
Address: 220 SUNRISE AVENUE, SUITE 210
City-St-Zip: PALM BEACH, FL 33480

Title: D
Name: SHADUR, CRAIG
Address: 220 SUNRISE AVENUE, SUITE 210
City-St-Zip: PALM BEACH, FL 33480

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.

SIGNATURE: JACQUELINE H HOCHBERG

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01/04/2011

Electronic Signature of Signing Officer or Director

_____ Date