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FILED  
Apr 28 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711361 (6)  
1. Corporation Name  
THE ALLEN MORRIS FOUNDATION



Principal Place of Business Mailing Address  
1000 BRICKELL AVENUE 1000 BRICKELL AVENUE  
12 FL 12 FL  
MIAMI FL 33131-3014 MIAMI FL 33131-3013

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 City & State  
24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 08/17/1966 3a. Date of Last Report 06/18/1996  
4. FEI Number 59-6152420 Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORRIS, L ALLEN  
1000 BRICKELL AVE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS MORRIS, DIANE Y.  
CITY-ST-ZIP 1000 BRICKELL AVE  
MIAMI FL  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BELL, JAMES F JR  
CITY-ST-ZIP 1100 JOHNSON FERRY RD NE  
ATLANTA GA  
TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS MORRIS, W. ALLEN  
CITY-ST-ZIP 1000 BRICKELL AVENUE  
MIAMI FL  
TITLE ☐ DELETE  
NAME CD  
STREET ADDRESS MORRIS, L ALLEN  
CITY-ST-ZIP 1000 BRICKELL AVE  
MIAMI FL  
TITLE ☐ DELETE  
NAME D  
STREET ADDRESS RUPP, GARY L  
CITY-ST-ZIP 1000 BRICKELL AVENUE  
MIAMI FL  
TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS MORRIS, IDA AKERS  
CITY-ST-ZIP 1000 BRICKELL AVE  
MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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.

CP2E037 (9/96)