

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711361

1. Corporation Name

THE ALLEN MORRIS FOUNDATION

Principal Place of Business

**1000 BRICKELL AVENUE
12 FL
MIAMI FL 33131-3014**

Mailing Address

**1000 BRICKELL AVENUE
12 FL
MIAMI FL 33131-3014**

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90217 032 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/17/1966

4. FEI Number

59-6152420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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 **W. Allen Morris**

82 Street Address (P.O. Box Number is Not Acceptable)
1000 Brickell Avenue, Suite 1200

83

84 City **Miami**

FL

85 Zip Code
33131

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 obligation 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)

W. Allen Morris

1/22/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MORRIS, DIANE Y.**
STREET ADDRESS **1000 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BELL, JAMES F JR**
STREET ADDRESS **1100 JOHNSON FERRY RD NE**
CITY-ST-ZIP **ATLANTA GA**

TITLE **PD** ☐ DELETE

NAME **MORRIS, W. ALLEN**
STREET ADDRESS **1000 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **CD** ☒ DELETE

NAME **MORRIS, L ALLEN**
STREET ADDRESS **1000 BRICKELL AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **RUPP, GARY L**
STREET ADDRESS **1000 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **MORRIS, IDA AKERS**
STREET ADDRESS **1000 BRICKELL AVE**
CITY-ST-ZIP **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 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: **W. Allen Morris** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

(305) 358-1000

Daytime Phone #

CR2E037 (11/98)

0029422