

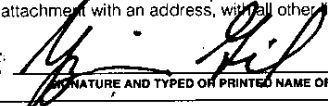


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90070 040 \*\*\*\*61.25

<b>DOCUMENT # 711361</b>					
<b>1. Entity Name</b> THE ALLEN MORRIS FOUNDATION					
<b>Principal Place of Business</b> 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134			<b>Mailing Address</b> 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<div style="font-size: 24px; font-weight: bold;">20006661</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005    Chg-NP    CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-6152420	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MORRIS, W. ALLEN 121 ALHAMBRA PLAZA PENTHOUSE I, SUITE 1600 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, W. ALLEN		NAME	MORRIS, IDA A.	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, DIANE Y		NAME	GIL, YAZMIN	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		STREET ADDRESS	121 ALHAMBRA PLAZA,	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		
NAME	RUPP, KATHRYN M		NAME		
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		
NAME	BELL, JAMES F JR.		NAME		
STREET ADDRESS	1160 JOHNSON FERRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		
NAME	BELL, IDA M		NAME		
STREET ADDRESS	1160 JOHNSON FERRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30319		CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Delete	TITLE		
NAME	COLLINS, DIANE C		NAME		
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> 			YAZMIN GIL, TREASURER    1/18/05    305-443-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					