

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 711361**

1. Entity Name  
**THE ALLEN MORRIS FOUNDATION**



Principal Place of Business  
**121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134**

Mailing Address  
**121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134**



01032007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6152420**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MORRIS, W. ALLEN  
121 ALHAMBRA PLAZA  
PENTHOUSE I, SUITE 1600  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MORRIS, W. ALLEN  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV  
NAME MORRIS, DIANE Y  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV  
NAME RUPP, KATHRYN M  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV  
NAME BELL, JAMES F JR.  
STREET ADDRESS 1160 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30319

TITLE DV  
NAME BELL, IDA M  
STREET ADDRESS 1160 JOHNSON FERRY ROAD  
CITY-ST-ZIP ATLANTA, GA 30319

TITLE M  
NAME COLLINS, DIANE C  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

U00000747412  
05/17/07-80024-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #