

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711361

**Entity Name:** THE ALLEN MORRIS FOUNDATION

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
SUITE 1600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
SUITE 1600  
CORAL GABLES, FL 33134 US

**FEI Number:** 59-6152420

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORRIS, W. ALLEN  
121 ALHAMBRA PLAZA  
SUITE 1600  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title PD  
Name MORRIS, W. ALLEN  
Address 121 ALHAMBRA PLAZA  
SUITE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title DV  
Name MORRIS, LISEL C  
Address 121 ALHAMBRA PLAZA, STE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name MORRIS, MALLORI  
Address 121 ALHAMBRA PLAZA, STE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title DT  
Name GIL, YAZMIN  
Address 121 ALHAMBRA PLAZA, STE 1600  
City-State-Zip: CORAL GABLES FL 33134

Title D  
Name MORRIS, W.A. SPENCER  
Address 121 ALHAMBRA PLAZA, STE 1600  
City-State-Zip: CORAL GABLES FL 33134

*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:** YAZMIN GIL

**MANAGER**

**01/20/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date