

2022 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	D
Name	MORRIS, MALLORI
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

Title	DV
Name	MORRIS, LISEL C
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	VP
Name	PINEIRO, ENRIQUE
Address	THE ALLEN MORRIS COMPANY 121 ALHAMBRA PLAZA SUITE 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****03/02/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date