

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711361 (6)

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

3. Date Incorporated or Qualified: 08/17/1966
3a. Date of Last Report: 02/13/1995
4. FEI Number: 59-6152420
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, L ALLEN
1000 BRICKELL AVE
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 obligations 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETED
NAME	MORRIS, DIANE Y.	
STREET ADDRESS	1000 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETED
NAME	BELL, JAMES F JR	
STREET ADDRESS	1100 JOHNSON FERRY RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	PD	DELETED
NAME	MORRIS, W. ALLEN	
STREET ADDRESS	1000 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	DELETED
NAME	MORRIS, L ALLEN	
STREET ADDRESS	1000 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETED
NAME	RUPP, GARY L	
STREET ADDRESS	1000 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	DELETED
NAME	MORRIS, IDA AKERS	
STREET ADDRESS	1000 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: W. Allen Morris (Signature) 1/22/96 3053 581000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year Phone #

CR2E037 (12/95)