

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711361

FILED
Apr 21, 2009
Secretary of State

Entity Name: THE ALLEN MORRIS FOUNDATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6152420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, W. ALLEN
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-St-Zip: CORAL GABLES, FL 33134

Title: DV () Delete
Name: RUPP, KATHRYN M
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-St-Zip: CORAL GABLES, FL 33134

Title: DV () Delete
Name: BELL, JAMES F JR.
Address: 1160 JOHNSON FERRY ROAD
City-St-Zip: ATLANTA, GA 30319

Title: DV () Delete
Name: BELL, IDA M
Address: 1160 JOHNSON FERRY ROAD
City-St-Zip: ATLANTA, GA 30319

Title: M () Delete
Name: COLLINS, DIANE C
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: YAZMIN GIL

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04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date