

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711361

FILED  
Mar 08, 2012  
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  
Name: MORRIS, W. ALLEN  
Address: 121 ALHAMBRA PLAZA, PH I, SUITE 1600  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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

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

T

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date