

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -4 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 709428 (7)

1. Corporation Name  
**THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, I  
NC.**

Principal Place of Business Mailing Address  
**225 NE 34 ST #102 MIAMI FL 33137** **225 NE 34 ST #102 MIAMI FL 33137**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/12/1965** 3a. Date of Last Report **03/14/1994**  
4. FEI Number **59-0883831** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
24 Country 25 Zip 29 Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$88.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BLUMNER, ROBYN E.  
225 N.E. 34 STREET, SUITE 102  
MIAMI FL 33137**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME GREEN, JAMES  
STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH  
CITY-ST-ZIP W.PALM BEACH FL  
TITLE VD  
NAME ARSENAULT, RAYMOND  
STREET ADDRESS 787-36 AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL  
TITLE SD  
NAME FRIDELL, LORE  
STREET ADDRESS 1915 N MERIDIAN, #10  
CITY-ST-ZIP TALL FL  
TITLE TD  
NAME WESTERFIELD, THERESA  
STREET ADDRESS P.O. BOX 1223  
CITY-ST-ZIP KEY WEST FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME SD  
3.3 STREET ADDRESS ONKKA, MARY  
3.4 CITY-ST-ZIP P.O. BOX 140545  
4.1 TITLE GAINESVILLE, FL 32614-0545  
4.2 NAME TD  
4.3 STREET ADDRESS EHRlich, ALAN  
4.4 CITY-ST-ZIP 9411 NW 10th STREET  
4.5 TITLE PLANTATION, FL 33322  Change  Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 110.07(3)(b), 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: JAMES K. GREEN 3/9/95 (407) 659-2029  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Figure 2)