

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709428 (7)

1. Corporation Name

THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

225 NE 34 ST #102
MIAMI FL 33137

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MIAMI FL 33137

3. Date Incorporated or Qualified
08/12/1965

3a. Date of Last Report
04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0883831

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUMNER, ROBYN E.
225 N.E. 34 STREET, SUITE 102
MIAMI FL 33137

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, JAMES	
STREET ADDRESS	250 AUSTRALIAN AVENUE SOUTH	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ARSENAULT, RAYMOND	
STREET ADDRESS	767-38 AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ONKKA, MARY	
STREET ADDRESS	P.O. BOX 140545 N/A	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ERHLICH, ALAN	
STREET ADDRESS	9411 NW 10TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERG, JR. RANDALL C.	
1.3 STREET ADDRESS	720 FIRST UNION FINANCIAL CENTER	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33131-2510	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAKER, JEANNE	
2.3 STREET ADDRESS	150 W. FLAGLER ST., SUITE 1700	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33130	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McLaughlin, Siobhan	
3.3 STREET ADDRESS	1409 Radman Street	
3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Randall C. Berg, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB. 20, 1996 305-858-2081
Date Day/line Phone #

CR2E037 (12/95)