## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

709428

(7)

THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, I NC.

225 NE 34 ST #102 MIAMI FL 33137

Principal Place of Business

Mailing Address

225 NE 34 ST #102 MIAMI FL 33137



3. Date Incorporated or Qualified 3a. Date of Last Report

				08/12/1965	04/04/1995	
2. Principal Pla	nce of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-0883831	Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		3. Certificate of Grands Desired	Fee Required	
City & State City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Auded to rees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29	30	1 101100 01010100 <u> </u>	Yes No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	igistered Agent	
			Name			
BLUMNE	R, ROBYN E.		82 Street Ad			
225 N.E.	. 34 STREET, SUITE 102					
MIAMI F	L 33137		83			
			84 City		85 Zip Code	
					FL S 250000	
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida Stat	tutes, the above-named corp	poration submits this statement for the purporation of directors. I hereby accept the appo	ose of changing its registered office introent as registered agent. I am	
familiar wit	ed agent, or both, in the state of rion th, and accept the obligations of, Sec	tion 617.0503, Florida Statu	tes.	om a. a. action, this objection in appe		
SIGNATURE _						
OKINATORE _	Signature, typeo or printed name of registered agen		(NOTE: Registered Agent signature requ		DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		
TITLE	PD	DELETÉ	1.1 TITLE	PD SP	Change Addition	
NAME	GREEN, JAMES		1.2 NAME	BERG RANDALL C		
STREET ADDRESS	250 AUSTRALIAN AVENUE S	SOUTH	1.3 STREET ADDRESS	720 FIRST UNION FINANCIA		
CITY-ST-ZIP	W.PALM BEACH FL			MiAmi, FLORIDA 33131.	2510	
TITLE	VD	<b>⊠</b> DELETE		/D	☐ Change ☑ Addition	
NAMÉ	ARSENAULT, RAYMOND		22 NAME	BAKER, JEANNE	C 1	
STREET ADDRESS	767-36 AVENUE NORTH		2.3 STREET ADDRESS	150 W FLAGLER St.		
CITY - ST - ZIP	ST PETERSBURG FL		2. 4 CITY - ST - ZIP	Miami FLORIAH 3	3130	
TITLE	SD	DELETE	3.1 TITLE	ΣD , αΣ	☐ Change 🔼 Addition	
NAME	ONKKA, MARY	•	3 2 NAME	NeLaughtin, Slobhan		
STREET ADDRESS	P.O. BOX 140545 N/A		3.3 STREET ADDRESS	1409 Radman Street		
CITY - ST - ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP		30 2.0	
TITLE	TD	DELETE	4 1 TITLE	,	☐ Change ☐ Addition	
NAME	ERHLICH, ALAN		4 2 NAME			
STREET ADORESS	9411 NW 10TH STREET		4.3 STREET ADDRESS			
C(TY-ST-ZIP	PLANTATION FL		4.4 CITY - ST - ZIP		****	
TIFLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	1		5.3 STREET ADDRESS			
CITY-ST-ZIP			54 CiTY-ST-ZIP	•		
TITLE		DELETE	61 TITLE		Change Addition	
NAME	1	_	62 NAME			
			6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY - ST - 2IP			
CITY-ST-ZIP	1		■ 0.4 UIT-31-4IF			

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)(R), 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 cath; 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 orthock 13 if changed, or on an attachment with an address.

SIGNATURE:

\*\*CER. 20, 1996\*\* \$05-\$68.-20%

SIGNATURE:

DESGNING OFFICER OF DIRECTOR

FEB. 20, 1996 305-358-208

CR2E037 (12/95)