

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 18 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 709428 (7)

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



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| Principal Place of Business 225 NE 34 ST #102 MIAMI FL 33137 | Mailing Address 225 NE 34 ST #102 MIAMI FL 33137-3600 |
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|--|--|
| 3. Date Incorporated or Qualified 08/12/1965 | 3a. Date of Last Report 02/27/1996 |
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|--|---|---|---------------------------------------|
| 2. Principal Place of Business 21 3000 Biscayne Blvd. Suite, Apt. #, etc. | 2a. Mailing Address 26 3000 Biscayne Blvd. Suite, Apt. #, etc. | 4. FEI Number 59-0883831 | Applied For Not Applicable |
| 22 City & State 23 Miami FLORIDA | 27 City & State 28 Miami, FLORIDA | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 Zip 33137 | 25 Country USA | 29 Zip 33137 | 30 Country USA |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|----------------------------|--|--------------|
| 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) | 3000 Biscayne Blvd. | | |
| 83 | | | |
| 84 City | Miami | 85 State | FL |
| | | 86 Zip Code | 33137 |

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGIN, RANDALL C. | 1.2 NAME | BERG, JR. RANDALL C. |
| STREET ADDRESS | 720 FIRST UNION FINANCIAL CENTER | 1.3 STREET ADDRESS | 200 S. Biscayne Blvd., Suite 2870 |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | Miami, FL 33131-2310 |
| TITLE | VD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAKER, JEANNE | 2.2 NAME | ARSENault, Ray |
| STREET ADDRESS | 150 W FLAGLER STREET SUITE 1700 | 2.3 STREET ADDRESS | 767-36 AVENUE, N. |
| CITY-ST-ZIP | MIAMI FL | 2.4 CITY-ST-ZIP | St Petersburg, FL 33704 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCLAUGHLIN, SIOBHAN | 3.2 NAME | RIVAS, Robert |
| STREET ADDRESS | 1409 RODMAN STREET | 3.3 STREET ADDRESS | 1520 SW 14 Street |
| CITY-ST-ZIP | HOLLYWOOD FL | 3.4 CITY-ST-ZIP | BOCA RATON, FL 33486 |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERLICH, ALAN | 4.2 NAME | |
| STREET ADDRESS | 9411 NW 10TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. **REQUIRED** **PRESIDENT** **(305) 358 2087**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0026274 _____

CR2E037 (9/96)