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FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
3000 BISCAYNE RD MIAMI FL 33137 US
3000 BISCAYNE BLVD MIAMI FL 33137 US

3. Date Incorporated or Qualified
08/12/1965

4. FEI Number
59-0883831

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
BLUMNER, ROBYN E.
3000 BISCAYNE BLVD
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name Howard Simon

82 Street Address (P.O. Box Number is Not Acceptable)
3000 BISCAYNE BLVD

83 Suite 215

84 City Miami FL 85 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 Howard Simon - Executive Director Harold Simon 3/12/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERG, JR. RANDALL C.	
STREET ADDRESS	200 S BISCAYNE BLVD., SUITE 2870	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ARSENAULT, RAY	
STREET ADDRESS	767-36 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RIVAS, ROBERT	
STREET ADDRESS	1520 SW 14 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ERLICH, 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARSENAULT, RAY	
1.3 STREET ADDRESS	767-36 Ave. N	
1.4 CITY-ST-ZIP	ST Petersburg, FL 33704	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Boyd, Bill	
2.3 STREET ADDRESS	801 3rd Street So.	
2.4 CITY-ST-ZIP	ST Petersburg, FL 33701	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rodriguez-Taseff, LIDA	
3.3 STREET ADDRESS	3246 Riviera Dr.	
3.4 CITY-ST-ZIP	Coral Gables, FL 33134	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: RAY ARSENAULT Ray Arsenault 5/11/98 (305) 576-2337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029183

CR2E037 (10/97)