FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 709428

Corporation Name

THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, I NC.

Principal Place of Business
3000 BISCAYNE RD MIAMI FL 33137
US

2. Principal Place of Business

Mailing Address

3000 BISCAYNE BLVD MIAMI FL 33137

2a. Mailing Address

US

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FILED Mar 16, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

08/12/1965

<u></u>	· · · · · · · · · · · · · · · · · · ·	120			4. FEI Number			lied For		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-0883831	-, - 		Applicable			
City & Stat		City & State				`	\$8.75 A	dditional		
23		28		5. Certificate of Status Desired		Fee Rec				
Zip	Country Zip		Country		6. Election Campaign Financin	ng m	\$5.00 1	vlay Be		
24	25	29 30			Trust Fund Contribution Added to Fees			Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	*	81	Name	· ;						
SIMON H			82	Street Address (P.O. Box Number is Not Acceptable)						
3000 BISCAYNE BLVD										
STE 215										
MIAMI FL	33137		84	City			85 Zip C	ode		
				,		<u>FL</u>	.			
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		13.		ADDITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	RS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE				Change	Addition		
NAME	J		1.2 NAME	1	· · ·		· . · ·	1		
STREET ADDRESS	736-36 AVE N		1.3 STREET	ADDRESS	•	•	14.4			
	OT PETE EL GOZOA			4 CITY-ST-ZIP		,				
CITY-ST-ZIP	VD	DELETE	2.1 TITLE				☐ Change	Addition		
NAME	ARSENAULT, RAY	*	2.2 NAME					-		
STREET ADDRESS			2.3 STREET	ADDRESS	•					
CITY-ST-ZIP	OT PETEROPURO EL		2. 4 CITY-S	T-ZIP			•			
TITLE	SD	☐ DELETÉ	3.1 TITLE				Change	Addition		
NAME	RODRIQUEZ-T, L		3.2 NAME	Ì	•			·		
STREET ADDRESS	3246 RIVIERA DR		3.3 STREET	ADDRESS	•					
CITY-ST-ZIP	CODAL CARLES EL 22424		3.4. CITY-S	r-ziP	<u> </u>					
TITLE	TD	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition		
NAME	ERHLICH, 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	VD	☐ DELETE	5.1 TITLE	ļ	•	ě	Change	☐ Addition		
NAME	BOYD, B		5.2 NAME	1						
STREET ADDRESS	801 3RD ST S		5.3 STREET	ADDRESS						
CITY-ST-ZIP	ST PETE FL 33701		5.4 CITY-ST	- ZIP	<u> </u>					
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME			6.2 NAME					}		
STREET ADDRESS			6.3 STREET	ADDRESS						
CITY-ST-ZIP			6.4 CITY-ST							
14. I hereby	certify that the information supplied wit	h this filing does not qualify for th	e exempti	on stated in Se	ection 119.07(3)(i), Florida Statute	s. I further cer	rtify that the in	iformation		

officer or director of the corporation or the receiver or true Block 12 or Block 13 if change or on an attachment with tee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in