


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90017 046 \*\*\*\*61.25

<b>DOCUMENT # 709428</b>					
1. Entity Name THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA, INC.					
Principal Place of Business 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 US		Mailing Address 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-0883831				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMON H 4500 BISCAYNE BLVD STE 340 MIAMI, FL 33137			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, BILL		NAME	Jeanne Baker	
STREET ADDRESS	801- 3RD ST S.		STREET ADDRESS	758 University Drive	
CITY-ST-ZIP	ST PETE, FL 33704		CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, ROSEMARY		NAME	Rosemary Wilder	
STREET ADDRESS	9785 PALMETTO CLUB DR.		STREET ADDRESS	9785 Palmetto Club Dr. Miami, FL 33157	
CITY-ST-ZIP	MIAMI, FL 33157		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHENEGER, MICHAEL		NAME	Steve Phillippy	
STREET ADDRESS	4219 HOLLOW TRL DR		STREET ADDRESS	14105 Stonebrook Ct.	
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP	Tampa, FL 33624	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URICK, RON		NAME	Michael E. Pheneger	
STREET ADDRESS	1130 SW CHAPMAN WAY, #507		STREET ADDRESS	4219 Hollow Trail Drive	
CITY-ST-ZIP	PALM CITY, FL 33990		CITY-ST-ZIP	Tampa, FL 33624	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Howard Simon</i>		Executive Director		2/2/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Howard Simon		313-576-2337	
				Date	
				Daytime Phone #	