


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 709428

1. Entity Name
**THE AMERICAN CIVIL LIBERTIES UNION OF FLORIDA,
INC.**



Principal Place of Business	Mailing Address
4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 US	4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137 US

DO NOT WRITE IN THIS SPACE



02142005 No Chg-NP CR2E037 (10/03)

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

SIMON, HOWARD
4500 BISCAYNE BLVD
STE 340
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAKER, JEANNE
STREET ADDRESS	758 UNIVERSITY DR.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	VP
NAME	WILDER, ROSEMARY
STREET ADDRESS	9785 PALMETTO CLUB DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	S
NAME	PHILLIPPY, STEVE
STREET ADDRESS	14105 STONEBROOK CT.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	T
NAME	PHENEGER, MICHAEL E
STREET ADDRESS	4219 HOLLOW TRL DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/13/05-80023-008 61.25

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: *Howard Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 (305) 576-2337 x11

Date Daytime Phone #