

**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  
**4500 BISCAYNE BLVD.  
SUITE 340  
MIAMI, FL 33137 US**

Mailing Address  
**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 ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**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	

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #