

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709428

FILED
Jan 22, 2007
Secretary of State

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

Current Principal Place of Business:

4500 BISCAYNE BLVD.
SUITE 340
MIAMI, FL 33137 US

New Principal Place of Business:

Current Mailing Address:

4500 BISCAYNE BLVD.
SUITE 340
MIAMI, FL 33137 US

New Mailing Address:

FEI Number: 59-0883831 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAKER, JEANNE
Address: 758 UNIVERSITY DR.
City-St-Zip: MIAMI, FL 33134 US

Title: VP () Delete
Name: PHILLIPPY, STEVE
Address: 14105 STONEBROOK CT.
City-St-Zip: TAMPA, FL 33624 US

Title: S () Delete
Name: FRIDELL, LORIE
Address: 17409 HEATHER OAKS PLACE
City-St-Zip: TAMPA, FL 33647 US

Title: T () Delete
Name: ROBERTS, LARRY
Address: 27700 SW 164 AVENUE
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD SIMON

DIR

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date