

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 17 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
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| CORPORATION ANNUAL REPORT 1995 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortonham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 720478 (7)
1. Corporation Name
THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA, INC.

| | |
|--|--|
| Principal Place of Business 225 N.E. 34TH STREET #102 MIAMI FL 33137 | Mailing Address 225 NE 34TH ST 102 MIAMI FL 33137 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/11/1971 | 3a. Date of Last Report 03/25/1994 |
| 4. FEI Number 23-7137529 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$6.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip Country | 2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip Country |
|--|---|

9. Name and Address of Current Registered Agent
**BLUMMER, ROBYN E.
225 N.E. 34 STREET, SUITE 102
MIAMI FL 33137**

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------------|
| TITLE | VD |
| NAME | ARSENAULT, RAYMOND |
| STREET ADDRESS | 287 38TH AVENUE NORTH |
| CITY - ST - ZIP | ST. PETERSBURG FL |
| TITLE | PD |
| NAME | GREEN, JAMES |
| STREET ADDRESS | 250 AUSTRALIAN AVENUE SO. |
| CITY - ST - ZIP | WEST PALM BEACH FL |
| TITLE | SD |
| NAME | FRIDELL, LORIE |
| STREET ADDRESS | 1915 N MERIDIAN #10 |
| CITY - ST - ZIP | TALLAHASSEE FL |
| TITLE | TD |
| NAME | WESTERFIELD, THERESA |
| STREET ADDRESS | 500 WHITEHEAD ST ROOM 302 |
| CITY - ST - ZIP | KEY WEST FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY - ST - ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY - ST - ZIP | |
| 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | SD ONYKA, MARY |
| 33 STREET ADDRESS | P.O. BOX 140545 |
| 34 CITY - ST - ZIP | GAINESVILLE, FLORIDA 32614-0545 |
| 41 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | TD EHRLICH, ALAN |
| 43 STREET ADDRESS | 9411 N.W. 10th STREET |
| 44 CITY - ST - ZIP | PLANTATION, FLORIDA 33322 |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY - ST - ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, or on an attachment with an address.

SIGNATURE: *James K. Green* **JAMES K. GREEN** 3/9/95 (407) 659-2029
Signature and Typed or Printed Name of Signing Officer or Director Date (Beyond Figure 8)