

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE:

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 22796

B- 1627  
(7)

C-613

DOCUMENT # 720478

1. Corporation Name

THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF  
FLORIDA, INC.



Principal Place of Business

Mailing Address

225 N.E. 34TH STREET #102  
MIAMI FL 33137

225 NE 34TH ST  
102  
MIAMI FL 33137  
US

3. Date Incorporated or Qualified  
03/11/1971

3a. Date of Last Report  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
23-7137529

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLUMMER, ROBYN E.  
225 N.E. 34 STREET, SUITE 102  
MIAMI FL 33137

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE  
NAME ARSENAULT, RAYMOND  
STREET ADDRESS 267 36TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE PD ☒ DELETE  
NAME GREEN, JAMES  
STREET ADDRESS 250 AUSTRALIAN AVENUE SO.  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE SD ☒ DELETE  
NAME ONKA, MARY  
STREET ADDRESS P.O. BOX 140545  
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☐ DELETE  
NAME EHRLICH, ALAN  
STREET ADDRESS 9411 N.W. 10TH STREET  
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD JR. ☐ Change ☒ Addition  
1.2 NAME BERG, Randall C.  
1.3 STREET ADDRESS 720 First Union Financial Center  
1.4 CITY-ST-ZIP Miami, Florida 33131

2.1 TITLE VD ☐ Change ☒ Addition  
2.2 NAME BAKER, JEANNE  
2.3 STREET ADDRESS 150 W Flagler St., Suite 1700  
2.4 CITY-ST-ZIP Miami, Florida 33130

3.1 TITLE SD ☐ Change ☒ Addition  
3.2 NAME McLaughlin, Siobhan  
3.3 STREET ADDRESS 1409 Rodman Street  
3.4 CITY-ST-ZIP Hollywood, Florida 33020

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(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, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDALL C. BERG JR.

Date

Daytime Phone #

CR2E037 (12/95)