

**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

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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

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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	<input checked="" type="checkbox"/> DELETE
NAME	ARSENAULT, RAYMOND	
STREET ADDRESS	267 36TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, JAMES	
STREET ADDRESS	250 AUSTRALIAN AVENUE SO.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ONKA, MARY	
STREET ADDRESS	P.O. BOX 140545	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EHRlich, ALAN	
STREET ADDRESS	9411 N.W. 10TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD JR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	McLaughlin, Stobhan	
3.3 STREET ADDRESS	1409 Rodman Street	
3.4 CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Randall C. Berg Jr.* RANDALL C. BERG JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/16/96 Daytime Phone #: 214-970-7081

CR2E037 (12/95)