

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

Mailing Address

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

225 NE 34TH ST  
102  
MIAMI FL 33137-3800  
US



2. Principal Place of Business

2a. Mailing Address

21 3000 Biscayne Blvd

26 3000 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Miami, FLORIDA

28 Miami, FLORIDA

24 Zip 33137

25 Country USA

29 Zip 33137

30 Country USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
03/11/1971

3a. Date of Last Report  
02/27/1996

4. FEI Number  
23-7137529

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

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)

3000 Biscayne Blvd.

83

84 City

Miami

FL

85 Zip Code 33137

10. Name and Address of New Registered Agent

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 PD  
NAME BERGIN, RANDALL C.  
STREET ADDRESS 720 FIRST UNION FINANCIAL CENTER  
CITY-ST-ZIP MIAMI FL

TITLE VD  
NAME BAKER, JEANNE  
STREET ADDRESS 150 W FLAGLER STREET SUITE 1700  
CITY-ST-ZIP MIAMI FL

TITLE SD  
NAME MCLAUGHLIN, SIOBHAN  
STREET ADDRESS 1409 RODMAN STREET  
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME BERG, RANDALL C  
1.3 STREET ADDRESS 200 E. BISCAYNE BLVD. SUITE 2070  
1.4 CITY-ST-ZIP MIAMI, FL 33131-2310

2.1 TITLE VD  
2.2 NAME ARSCNAULT, RAY  
2.3 STREET ADDRESS 767-36 AVENUE, N.  
2.4 CITY-ST-ZIP St. Petersburg, FL 33704

3.1 TITLE SD  
3.2 NAME RIVAS, Robert  
3.3 STREET ADDRESS 1520 SW 14 ST  
3.4 CITY-ST-ZIP Boca RATON, FL 33486

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 exercise the powers of the corporation 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

Date

Daytime Phone #

CR2E037 (9/96)