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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720478** (7)

1. Corporation Name

THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**3000 BISCAYNE BLVD
MIAMI FL 33137
US**

**3000 BISCAYNE BLVD
MIAMI FL 33137
US**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	03/11/1971	
4. FEI Number	23-7137529	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLUMMER, ROBYN E.
3000 BISCAYNE BLVD
MIAMI FL 33137**

81 Name	Howard Simon	
82 Street Address (P.O. Box Number is Not Acceptable)	3000 Biscayne Blvd.	
83 Suite	215	
84 City	Miami	FL 85 Zip Code 33137

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 Howard Simon - Executive Director Howard Simon 3/12/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BERG JR, RANDALL C	1.2 NAME	ARSENAULT, RAY
STREET ADDRESS	299 S BISCAYNE BLVD, #2870	1.3 STREET ADDRESS	767-36 Ave. N.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	St Petersburg, FL 33704
TITLE	VD	2.1 TITLE	VD
NAME	ARSENAULT, RAY	2.2 NAME	Boyd, Bill
STREET ADDRESS	767-36 AVENUE NORTH	2.3 STREET ADDRESS	801 3rd Street So.
CITY-ST-ZIP	ST PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33701
TITLE	SD	3.1 TITLE	SD
NAME	RIVAS, ROBERT	3.2 NAME	Rodriguez-Taseff, LIDA
STREET ADDRESS	1520 SW 14TH STREET	3.3 STREET ADDRESS	3246 Riviera Dr.
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	TD	4.1 TITLE	
NAME	EHRLICH, ALAN	4.2 NAME	
STREET ADDRESS	9411 N.W. 10TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: RAY ARSENAULT - Ray Arsenault 5/1/98 (305) 576 2337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029184

CR2E037 (10/97)