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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720478

1. Corporation Name
THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION OF FLORIDA, INC.

Principal Place of Business 3000 BISCAYNE BLVD MIAMI FL 33137 US	Mailing Address 3000 BISCAYNE BLVD MIAMI FL 33137 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/11/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7137529
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent SIMON, H 3000 BISCAYNE BLVD STE 215 MIAMI FL 35137	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ARSENAULT, R <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, R	12 NAME	
STREET ADDRESS	767-36 AVE N	13 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33704	14 CITY-ST-ZIP	
TITLE	VD ARSENAULT, RAY <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, RAY	22 NAME	
STREET ADDRESS	767-36 AVENUE NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	
TITLE	SD RODRIGUEZ, T L <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, T L	32 NAME	
STREET ADDRESS	3246 RIVIERA DR	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	34 CITY-ST-ZIP	
TITLE	TD EHRlich, ALAN <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRlich, ALAN	42 NAME	
STREET ADDRESS	9411 N.W. 10TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	44 CITY-ST-ZIP	
TITLE	VD BOYD, B <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, B	52 NAME	
STREET ADDRESS	801 3RD ST S	53 STREET ADDRESS	
CITY-ST-ZIP	ST PETE FL 33701	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: *Lida Rodriguez-Taseff*
 LIDA RODRIGUEZ-TASEFF
 Date: *March 3, 1999*
 Daytime Phone #: *305 374-5600*

CR2E037 (11/98)