

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90043 050 ****61.25

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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**



2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
25

2a Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
30

3. Date Incorporated or Qualified

03/11/1971

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

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

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** ☐ DELETE
NAME **ARSENAULT, R**
STREET ADDRESS **767-36 AVE N**
CITY-ST-ZIP **ST PETE FL 33704**

TITLE **VD** ☒ DELETE
NAME **ARSENAULT, RAY**
STREET ADDRESS **767-36 AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **SD** ☐ DELETE
NAME **RODRIGUEZ, T L**
STREET ADDRESS **3246 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VD** ☐ DELETE
NAME **BOYD, B**
STREET ADDRESS **801 3RD ST S**
CITY-ST-ZIP **ST PETE FL 33701**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIDA RODRIGUEZ-TASEFF

March 3, 1999 **305 374-5600**

Date

Daytime Phone #

CR2E037 (11/98)