

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 720478**

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



Principal Place of Business  
**4500 BISCAYNE BLVD.  
SUITE 340  
MIAMI, FL 33137 US**

Mailing Address  
**4500 BISCAYNE BLVD.  
SUITE 340  
MIAMI, FL 33137 US**



02142005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**23-7137529**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMON, H  
4500 BISCAYNE BLVD.  
SUITE 340  
MIAMI, FL 33137**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	WILDER, ROSEMARY
STREET ADDRESS	9785 PALMETTO CLUB DR.
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	T
NAME	PHENEGER, MICHAEL
STREET ADDRESS	4219 HOLLOW TR. DR.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	P
NAME	BAKER, JEANNE
STREET ADDRESS	758 UNIVERSITY DRIVE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	S
NAME	PHILLIPPY, STEVE
STREET ADDRESS	14105 STONEBROOK CT
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000235863  
02/19/05-80023-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

2/19/05 (305) 576-2337