


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000499

1. Entity Name
THE 40TH ANNIVERSARY TO COMMEMORATE THE CIVIL RIGHTS DEMONSTRATIONS, INC.



Principal Place of Business Mailing Address

**PO BOX 697
ST AUGUSTINE, FL 32085-0697** **PO BOX 697
ST AUGUSTINE, FL 32085-0697**



03202006 No Chg-NP CR2E037 (11/05)

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4. FEI Number **33-1083412** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, CARRIE
100 LINCOLN ST
ST AUGUSTINE, FL 32084**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DUNCAN, GWENDOLYN
STREET ADDRESS	55 BAMBURY LN
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	DV
NAME	TYSON, CORA
STREET ADDRESS	81 BRIDGE ST
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	DS
NAME	DUNCAN, DALONJA
STREET ADDRESS	55 BANNBURY LN
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	DT
NAME	WILLIS, AUDREY
STREET ADDRESS	1096 PURGEAR ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	D
NAME	NOLAN, DAVID
STREET ADDRESS	30 PARK TERR DR
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80136-002 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Gwendolyn P. Duncan 4-5-06 (386) 986-4121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gwendolyn P. DUNCAN President