


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 006 ****70.00

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




Principal Place of Business
 PO BOX 697
 ST AUGUSTINE, FL 32085-0697

Mailing Address
 PO BOX 697
 ST AUGUSTINE, FL 32085-0697

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03112005 Chg-NP CR2E037 (10/03)

4. FEI Number
33-1083412

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

6. Name and Address of Current Registered Agent

JOHNSON, CARRIE
 30 DESOTO PL
 ST AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name **Johnson, Carrie**

Street Address (P.O. Box Number is Not Acceptable)
100 Lincoln St.

City **St. Augustine** FL Zip Code **32084**

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 *Carrie Johnson* (NOTE: Registered Agent signature required when reinstating) DATE *April 18th 2005*

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

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, THOMAS	
STREET ADDRESS	PO BOX 588	
CITY-ST-ZIP	ST AUGUSTINE, FL 32085	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TYSON, CORA	
STREET ADDRESS	81 BRIDGE ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	DUNCAN, GWENDOLYN	
STREET ADDRESS	55 BANNBURY LN	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	MOTLEY, RUTH	
STREET ADDRESS	18 S WHITNEY ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, AUDREY	
STREET ADDRESS	1096 PURYEAR ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32095	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOLAN, DAVID	
STREET ADDRESS	30 PARK TERR DR	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gwendolyn P. DUNCAN	
STREET ADDRESS	55 Bannbury Lane	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dalonja DUNCAN	
STREET ADDRESS	55 Bannbury Lane	
CITY-ST-ZIP	Palm Coast, FL 32137	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Audrey Willis	
STREET ADDRESS	1096 Puryear St.	
CITY-ST-ZIP	St. Augustine, FL 32095	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gwendolyn P. Duncan* **Gwendolyn P. Duncan** 3-29-05 (386) 986-412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #