



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N04000000499					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03112005	Chg-NP
4. FEI Number 33-1083412		Applied For <input type="checkbox"/> Not Applicable		CR2E037 (10/03)	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, CARRIE 30 DESOTO PL ST AUGUSTINE, FL 32084			Name <i>Johnson, Carrie</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 Lincoln St.</i> City <i>St. Augustine</i> FL Zip Code <i>32084</i>		
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 <i>Carrie Johnson</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>April 18th 2005</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS		NAME	<i>Gwendolyn P. DUNCAN</i>	
STREET ADDRESS	PO BOX 588		STREET ADDRESS	<i>55 Bannbury Lane</i>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32085		CITY-ST-ZIP	<i>Palm Coast, FL 32137</i>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, CORA		NAME		
STREET ADDRESS	81 BRIDGE ST		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, GWENDOLYN		NAME	<i>Daltonja DUNCAN</i>	
STREET ADDRESS	55 BANNBURY LN		STREET ADDRESS	<i>55 Bannbury Lane</i>	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	<i>Palm Coast, FL 32137</i>	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTLEY, RUTH		NAME	<i>Audrey Willis</i>	
STREET ADDRESS	18 S WHITNEY ST		STREET ADDRESS	<i>1096 Puryear St.</i>	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP	<i>St. Augustine, FL 32095</i>	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, AUDREY		NAME		
STREET ADDRESS	1096 PURYEAR ST		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, DAVID		NAME		
STREET ADDRESS	30 PARK TERR DR		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		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: <i>Gwendolyn P. Duncan</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3-29-05</i> Daytime Phone # <i>(386) 986-412</i>	