

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**Secretary of State**

**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**



01192007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1083412</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

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

**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, 2007**

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 BAMBUARY 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	

U000000651548  
03/09/07-80012-001 70.00

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IN THIS SPACE**

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** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/07*

Date

*(386) 586-4121*

Daytime Phone #