

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)

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4. FEJ Number 33-1083412	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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, 2007

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

10. OFFICERS AND DIRECTORS

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

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 03/09/07-80012-001 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 *Carrie Johnson* 2/23/07 (386)586-4121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #