

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N04000000499

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

Current Principal Place of Business:

PO BOX 697
ST AUGUSTINE, FL 320850697

New Principal Place of Business:

100 LINCOLN ST.
ST AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 697
ST AUGUSTINE, FL 320850697

New Mailing Address:

FEI Number: 33-1083412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DUNCAN, GWENDOLYN
Address: 55 BAMBURY LN
City-St-Zip: PALM COAST, FL 32137

Title: DV () Delete
Name: TYSON, CORA
Address: 81 BRIDGE ST
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DFS () Delete
Name: DUNCAN, DALONJA
Address: 55 ONEIDA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: DT () Delete
Name: WILLIS, AUDREY
Address: 1096 PURGEAR ST
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: D () Delete
Name: NOLAN, DAVID
Address: 30 PARK TERR DR
City-St-Zip: ST AUGUSTINE, FL 32084

Title: DS () Delete
Name: SMITH, BARBARA
Address: 28 S WHITNEY ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUNCAN, GWENDOLYN
Address: 55 BANNBURY LN
City-St-Zip: PALM COAST, FL 32137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOLAN, DAVID
Address: 30 PARK TERR DR
City-St-Zip: ST AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWENDOLYN DUNCAN

DP

03/18/2009

Electronic Signature of Signing Officer or Director

_____ Date