

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000499

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

Current Principal Place of Business:

79 BRIDGE STREET
ST AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 697
ST AUGUSTINE, FL 32085-0697 US

FEI Number: 33-1083412

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THOMAS, MARY L
147 DR. MARTIN LUTHER KING, JR. AVE.
ST AUGUSTINE, FL 32084 US

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: MARY L THOMAS

04/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D/P
Name DUNCAN, DALONJA M
Address 41 LOVETT ST
City-State-Zip: ST. AUGUSTINE FL 32084

Title D/V
Name TYSON, CORA
Address 81 BRIDGE ST
City-State-Zip: ST AUGUSTINE FL 32084

Title D/T
Name WILLIS, AUDREY
Address 1096 PURYEAR ST
City-State-Zip: SAINT AUGUSTINE FL 32084

Title D/S
Name HECKENDORN, JULIA
Address 105 LOYOLA ROAD
City-State-Zip: ST AUGUSTINE FL 32086

Title TRUSTEE/FUNDRAISER
Name BURTON, RICHARD P SR.
Address 458 PORTOBELLO AVE.
City-State-Zip: JACKSONVILLE FL 32221

Title MPM
Name DUNCAN, GWENDOLYN A
Address 55 BANNBURY LN
City-State-Zip: PALM COAST FL 32137

Title DIRECTOR/TRUSTEE
Name NOLAN, DAVID
Address 30 PARK TERRACE
City-State-Zip: ST. AUGUSTINE FL 32080

Title TRUSTEE
Name DUNCAN, ELIZABETH C
Address 57 BANNBURY LN
City-State-Zip: PALM COAST FL 32137

I hereby 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 all other like empowered.

SIGNATURE: GWENDOLYN ANNETTE DUNCAN

MPM

04/17/2021

Electronic Signature of Signing Officer/Director Detail

Date