

2015 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:** No**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

04/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D/P
Name	DUNCAN, DALONJA M
Address	55 ONEIDA 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	OTHER
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

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: DALONJA DUNCAN**PRESIDENT**

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date