

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000499

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

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**9993557465CC**

**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

04/13/2023

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 DIRECTOR, MPM, PRESIDENT EMERITA  
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 A DUNCAN

**DIRECTOR, MPM,  
PRESIDENT EMERITA**

04/13/2023

Electronic Signature of Signing Officer/Director Detail

Date