

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000499

**FILED**  
**Mar 14, 2013**  
**Secretary of State**  
**CC5129791210**

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

**Current Principal Place of Business:**

100 LINCOLN ST.  
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:**

JOHNSON, CARRIE  
100 LINCOLN ST  
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:**

\_\_\_\_\_  
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/FS  
Name CONWAY, JUNE  
Address ONE LAKESIDE WEST  
City-State-Zip: PALM COAST FL 32137

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

*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 M DUNCAN, M.ED.**

**DIRECTOR/PRESIDENT**

**03/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date