



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90029 050 ****70.00

DOCUMENT # N04000000499					
1. Entity Name THE 40TH ANNIVERSARY TO COMMEMORATE THE CIVIL RIGHTS DEMONSTRATIONS, INC.					
Principal Place of Business PO BOX 697 ST AUGUSTINE, FL 32085-0697		Mailing Address PO BOX 697 ST AUGUSTINE, FL 32085-0697			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02082008 Chg-NP CR2E037 (12/06)	
4. FEI Number 33-1083412				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JOHNSON, CARRIE 100 LINCOLN ST ST AUGUSTINE, FL 32084			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Carrie Johnson</i>		(NOTE: Registered Agent signature required when reapplying)		DATE <i>February 10th 2008</i>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, GWENDOLYN		NAME		
STREET ADDRESS	55 BAMBURY LN		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, CORA		NAME		
STREET ADDRESS	81 BRIDGE ST		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DFS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DALONJA		NAME	Dalonja Duncan	
STREET ADDRESS	55 BANNBURY LN		STREET ADDRESS	55 Oneida St.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, AUDREY		NAME		
STREET ADDRESS	1096 PURGEAR ST		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLAN, DAVID		NAME		
STREET ADDRESS	30 PARK TERR DR		STREET ADDRESS		
CITY-ST-ZIP	ST AUGUSTINE, FL 32084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Barbara Smith	
STREET ADDRESS			STREET ADDRESS	28 S. Whitney St.	
CITY-ST-ZIP			CITY-ST-ZIP	St. Augustine, FL 32084	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Gwendolyn P. Duncan</i>		Date: <i>2-10-08</i>		Daytime Phone #: <i>(386) 586-4121</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	