


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90150 006 ****70.00

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| 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 33-1083412 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" 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 30 DESOTO PL ST AUGUSTINE, FL 32084 | | Name <i>Johnson, Carrie</i> Street Address (P.O. Box Number is Not Acceptable) <i>100 Lincoln St.</i> City <i>St. Augustine</i> FL Zip Code <i>32084</i> | |
| 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> | | DATE <i>April 18th 2005</i> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 checked="" type="checkbox"/> Delete | TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JACKSON, THOMAS | NAME | <i>Gwendolyn P. DUNCAN</i> |
| STREET ADDRESS | PO BOX 588 | STREET ADDRESS | <i>55 Bannbury Lane</i> |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32085 | CITY-ST-ZIP | <i>Palm Coast, FL 32137</i> |
| 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 checked="" type="checkbox"/> Delete | TITLE | DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DUNCAN, GWENDOLYN | NAME | <i>OS Dalonja DUNCAN</i> |
| STREET ADDRESS | 55 BANNBURY LN | STREET ADDRESS | <i>55 Bannbury Lane</i> |
| CITY-ST-ZIP | PALM COAST, FL 32137 | CITY-ST-ZIP | <i>Palm Coast, FL 32137</i> |
| TITLE | DT <input checked="" type="checkbox"/> Delete | TITLE | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOTLEY, RUTH | NAME | <i>DT Audrey Willis</i> |
| STREET ADDRESS | 18 S WHITNEY ST | STREET ADDRESS | <i>1096 Purgear St.</i> |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32084 | CITY-ST-ZIP | <i>St. Augustine, FL 32095</i> |
| TITLE | DS <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIS, AUDREY | NAME | |
| STREET ADDRESS | 1096 PURYEAR ST | STREET ADDRESS | |
| CITY-ST-ZIP | ST 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 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>3-29-05</i> Daytime Phone # <i>(386) 986-412</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |