


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N05000005179**  
 1. Entity Name  
**THE COTTON CLUB MUSEUM AND CULTURAL CENTER, INC.**



Principal Place of Business  
**837 SE 7TH AVENUE  
 GAINESVILLE, FL 32601**

Mailing Address  
**POST OFFICE BOX 1482  
 GAINESVILLE, FL 32602-1482**

**DO NOT WRITE IN THIS SPACE**



02262007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-1253700**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FILER, VIVIAN  
 1636 SE 14TH AVENUE  
 GAINESVILLE, FL 32641**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000653172  
 03/13/07-80009-019 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FILER, VIVIAN 1636 SE 14TH AVENUE GAINESVILLE, FL 32641
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FILER, PHILLIS 2121 NE 7TH AVENUE GAINESVILLE, FL 326415948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, ALBERT 6423 NW 42ND LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTERS, SONIA 3623 NW 77TH TERRACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBERT, CHARLES J PHD PE 309 NE 5TH AVENUE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, IVY 320 SE 3RD STREET GAINESVILLE, FL 32601

**DO NOT WRITE IN THIS SPACE**

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:** *Phyllis Filer* (Secretary) **2/27/07** **352-334-3957**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Phyllis Filer*