

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005179

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE COTTON CLUB MUSEUM AND CULTURAL CENTER, INC.

**Current Principal Place of Business:**

837 SE 7TH AVENUE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1482  
GAINESVILLE, FL 326021482

**New Mailing Address:**

FEI Number: 65-1253700      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: FILER, VIVIAN  
Address: 1636 SE 14TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32641

Title: S      ( ) Delete  
Name: FILER, PHILLIS  
Address: 2121 NE 7TH AVENUE  
City-St-Zip: GAINESVILLE, FL 326415948

Title: T      ( ) Delete  
Name: WHITE, ALBERT  
Address: 6423 NW 42ND LANE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: WINTERS, SONIA  
Address: 3623 NW 77TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      ( ) Delete  
Name: KIBERT, CHARLES J PHD PE  
Address: 309 NE 5TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D      ( ) Delete  
Name: BELL, IVY  
Address: 320 SE 3RD STREET  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VIVIAN FILER

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date