

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005179

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

**Current Principal Place of Business:**

837 SE 7TH AVENUE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

POST OFFICE BOX 5534  
GAINESVILLE, FL 32627 US

**FEI Number: 65-1253700**

**Certificate of Status Desired: No**

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

FILER, VIVIAN  
1636 SE 14TH AVENUE  
GAINESVILLE, FL 32641 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 P  
Name FILER, VIVIAN  
Address 1636 SE 14TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641

Title S  
Name FILER, PHILLIS  
Address 2121 NE 7TH AVENUE  
City-State-Zip: GAINESVILLE FL 32641-5948

Title D  
Name KIBERT, CHARLES J PHD  
Address 309 NE 5TH AVENUE  
City-State-Zip: GAINESVILLE FL 32601

Title T  
Name BELL, IVY  
Address 3839 NW 26 STREET  
City-State-Zip: GAINESVILLE FL 32605

Title VP  
Name STOVER, OTIS D  
Address 1606 SE 28 PLACE  
City-State-Zip: GAINESVILLE FL 32641

Title FINANCIAL SECRETARY  
Name RENTZ, DELORIS  
Address 1643 NW 19 CIRCLE  
City-State-Zip: GAINESVILLE FL 32605

*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: PHILLIS FILER**

**SECRETARY**

**01/17/2018**

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

\_\_\_\_\_  
Date