


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90121 043 ****61.25

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

50014732



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04142006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
65-1253700

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

7. Name and Address of New Registered Agent

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 *Vivian Filer* DATE 4/14/06

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, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Vivian Filer* *VIVIAN FILER* DATE: 4/14/06 DAYTIME PHONE #: (352)376-9956

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #