

**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**



02262007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**U000000653172
03/13/07-80009-019 61.25**

10. OFFICERS AND DIRECTORS

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

PHILLIS FILER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07
Date

352-334-3957
Daytime Phone #