

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
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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