

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25984

FILED  
Apr 30, 2006  
Secretary of State

**Entity Name:** BLACK ON BLACK CRIME TASK FORCE GAINESVILLE, ALACHUA COUNTY, INC.

**Current Principal Place of Business:**

423 NW 6TH PL  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 2607  
GAINESVILLE, FL 32602

**New Mailing Address:**

FEI Number: 59-3369794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLIS, LARRY T  
4413 NW 51ST PL  
GAINESVILLE, FL 32606      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: CD      ( ) Delete  
Name: WILLIAMS, ROSA B  
Address: 423 NW 6TH PLACE  
City-St-Zip: GAINESVILLE, FL 32601

Title: VCD      ( ) Delete  
Name: JONES, TONY R  
Address: 721 N W 6TH ST P O BOX 1250  
City-St-Zip: GAINESVILLE, FL 32601

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

Title: T      ( ) Delete  
Name: POOLE, DEAN G  
Address: 2531 NW 41ST STREET., A-2  
City-St-Zip: GAINESVILLE, FL 32606

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSA B WILLIAMS

CD

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date