


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N25984</b>	
1. Entity Name <b>BLACK ON BLACK CRIME TASK FORCE GAINESVILLE, ALACHUA COUNTY, INC.</b>	

Principal Place of Business <b>423 NW 6TH PL GAINESVILLE, FL 32601</b>	Mailing Address <b>POST OFFICE BOX 2607 GAINESVILLE, FL 32602</b>
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3369794</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**ELLIS, LARRY T  
4413 NW 51ST PL  
GAINESVILLE, FL 32606**

**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: *Larry T. Ellis* DATE: *April 30, 2007*

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, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, ROSA B 423 NW 6TH PLACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JONES, TONY R 721 N W 6TH ST P O BOX 1250 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WHITE, ALBERT 6423 NW 42ND LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLE, DEAN G 2531 NW 41ST STREET., A-2 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U00000752414  
05/21/07-80016-007 61.25

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: *Rosa B. Williams* DATE: *04/30/07* DAYTIME PHONE #: *352 955 5958*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR