

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25984

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

4413 NW 51 DRIVE
GAINESVILLE, FL 32606

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: VCH () Delete
Name: JONES, TONY R
Address: POST OFFICE BOX 1250
City-St-Zip: GAINESVILLE, FL 32606

Title: VC () 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

Title: S () Delete
Name: SCHUBERT, PATRICIA
Address: POST OFFICE BOX 1250
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JONES, TONY R
Address: POST OFFICE BOX 1250
City-St-Zip: GAINESVILLE, FL 32606

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 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: TONY R. JONES

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date