

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25984

FILED
Jan 21, 2011
Secretary of State

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

Current Principal Place of Business:

423 NW 6TH PLACE
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
423 NW 6TH PLACE
GAINESVILLE, FL 32601 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
Name: WILLIAMS, ROSA B
Address: 423 NW 6TH PLACE
City-St-Zip: GAINESVILLE, FL 32601

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

Title: VC
Name: WHITE, ALBERT
Address: 6423 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

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

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

I hereby 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 all other like empowered.

SIGNATURE: TONY R. JONES

D

01/21/2011

Electronic Signature of Signing Officer or Director

Date