

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25984

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

**FILED**  
**Mar 18, 2016**  
**Secretary of State**  
**CC6431761234**

**Current Principal Place of Business:**

423 NW 6TH PLACE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

POST OFFICE BOX 5565  
GAINESVILLE, FL 32601

**FEI Number: 59-3369794**

**Certificate of Status Desired: No**

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

ELLIS, LARRY T  
423 NW 6TH PLACE  
GAINESVILLE, FL 32601 US

*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

**Officer/Director Detail :**

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

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

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

Title TREASURER  
Name ALBRIGHT, JAMES  
Address P.O. BOX 1250  
City-State-Zip: GAINESVILLE FL 32601

*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: JAMES ALBRIGHT

TREASURER

03/18/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date