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.

TREASURER

SIGNATURE: JAMES ALBRIGHT

Electronic Signature of Signing Officer/Director Detail

Entity Name: BLACK ON BLACK CRIME TASK FORCE GAINESVILLE,

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

ALACHUA COUNTY, INC. Current Principal Place of Business:

423 NW 6TH PLACE GAINESVILLE, FL 32601

DOCUMENT# N25984

Current Mailing Address:

POST OFFICE BOX 5565 GAINESVILLE, FL 32601

FEI Number: 59-3369794

Name and Address of Current Registered Agent:

ELLIS, LARRY T 423 NW 6TH PLACE GAINESVILLE, FL 32601 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	CD	Title	VC			
Name	WILLIAMS, ROSA B	Name	WHITE, ALBERT			
Address	423 NW 6TH PLACE	Address	6423 NW 42ND LANE			
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32606			
Title	S	Title	TREASURER			
Title Name	S SCHUBERT, PATRICIA	Title Name	TREASURER ALBRIGHT, JAMES			
Name	SCHUBERT, PATRICIA	Name	ALBRIGHT, JAMES			

01/26/2017

Date

FILED Jan 26, 2017 Secretary of State CC1356566206

Date