

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25984

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

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

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

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date