

2022 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
4413 NW 51 DRIVE
GAINESVILLE, FL 32606 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: LARRY T. ELLIS****03/04/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title	VICE CHAIR
Name	LLOYD, DARRY D
Address	3023 NE 11 TERRACE
City-State-Zip:	GAINESVILLE FL 32609

Title	SECRETARY
Name	SMART, CARL
Address	POST OFFICE BOX 6161
City-State-Zip:	GAINESVILLE FL 32627

Title	TREASURER
Name	SMART, CARL
Address	POST OFFICE BOX 6161
City-State-Zip:	GAINESVILLE FL 32627

Title	REGISTERED AGENT
Name	ELLIS, LARRY TYRONE
Address	4413 NW 51 DRIVE
City-State-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: ROSA B. WILLIAMS**CHAIR****03/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date