

2014 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	T
Name	POOLE, DEAN G
Address	2531 NW 41ST STREET., A-2
City-State-Zip:	GAINESVILLE FL 32606

Title	S
Name	SCHUBERT, PATRICIA
Address	POST OFFICE BOX 1250
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**CHAIRPERSON****04/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date