

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004975

FILED
Apr 16, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY SHERIFF'S BLACK ADVISORY COUNCIL, INC.

Current Principal Place of Business:

2008 E. 8TH AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310703
TAMPA, FL 33680

New Mailing Address:

FEI Number: 75-3215383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARIS, CLINTON
2823 FAIRWAY VIEW DRIVE
VALRICO, FLORIDA, FL 33680 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRANCH, WILLIE JR
Address: 24853 PANACEA CT
City-St-Zip: LUTZ, FL 335597397

Title: S () Delete
Name: STEPHENS, HAZEL
Address: 6807 LUANA LANE
City-St-Zip: SEFFNER, FL 33584

Title: DIR () Delete
Name: COLE, TODD
Address: 2421 WOODY TRACE LANE
City-St-Zip: TAMPA, FL 33612

Title: T () Delete
Name: WRIGHT, BETTY J
Address: P O BOX 1662
City-St-Zip: PLANT CITY, FL 33564

Title: VP () Delete
Name: REAVES, VERDELL
Address: P O BOX 290231
City-St-Zip: TAMPA, FL 33687

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLE, TODD
Address: 2421 WOODY TRACE LANE
City-St-Zip: TAMPA, FL 33612

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change () Addition
Name: BRANCH, WILLIE JR.
Address: 24853 PANACEA CT
City-St-Zip: LUTZ, FL 335597397

Title: T (X) Change () Addition
Name: WRIGHT, BETTY J
Address: P O BOX 1662
City-St-Zip: PLANT CITY, FL 33564

Title: VP (X) Change () Addition
Name: ADAMS, EDDIE
Address: 9504 WOODLAND RIDGE DRIVE
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BETTY J. WRIGHT

T

04/16/2009

Electronic Signature of Signing Officer or Director

Date