

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004975

FILED  
Mar 13, 2012  
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 (X)**

**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  
Name: REAVES, VERDELL  
Address: 5236 TENNIS COURT CIRCLE  
City-St-Zip: TAMPA, FL 33617

Title: S  
Name: MENDOZA, APOLONIA  
Address: 6204 N. 17TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: VP  
Name: ADAMS, EDDIE  
Address: 9504 WOODLAND RIDGE DRIVE  
City-St-Zip: TAMPA, FL 33637

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

Title: DIR  
Name: COLE, TODD  
Address: 9906 CARLSDALE DRIVE  
City-St-Zip: RIVERVIEW, FL 33578

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: BETTY J. WRIGHT

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03/13/2012

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Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date