

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90271 050 \*\*\*\*61.25

<b>DOCUMENT # N25984</b> 1. Entity Name <b>BLACK ON BLACK CRIME TASK FORCE GAINESVILLE, ALACHUA COUNTY, INC.</b>					
Principal Place of Business <b>423 NW 6TH PLACE GAINESVILLE FL 32601</b>			Mailing Address <b>POST OFFICE BOX 2607 GAINESVILLE FL 32602</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3369794</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
<b>ELLIS, LARRY T.</b> <b>4413 NW 51ST PL</b> <b>GAINESVILLE FL 32606</b>		Name <b>Larry T. Ellis</b> Street Address (P.O. Box Number is Not Acceptable) <b>4413 NW 51 Drive</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32606</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Larry T. Ellis</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/15/04</b>	
<b>FILE NOW - FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>WILLIAMS, ROSA B</b> <b>423 NW 6TH PLACE</b> <b>GAINESVILLE FL 32601</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>WOODY, ROBERT</b> <b>608 SE 12TH STREET</b> <b>GAINESVILLE FL 32601</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>JONES, TONY R.</b> <b>621 NW 6 Street</b> <b>Gainesville FL 32601</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> <b>WHITE, ALBERT</b> <b>6423 NW 42ND LANE</b> <b>GAINESVILLE FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>POOLE, DEAN G</b> <b>2531 NW 41ST STREET., A-2</b> <b>GAINESVILLE FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Rosa B. Williams (Chairman)</i></b> <b>04/30/04</b> <b>3529555958</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					