

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N25984

1. Entity Name
BLACK ON BLACK CRIME TASK FORCE GAINESVILLE,
ALACHUA COUNTY, INC.



Principal Place of Business

423 NW 6TH PL
GAINESVILLE, FL 32601

Mailing Address

POST OFFICE BOX 2607
GAINESVILLE, FL 32602

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3369794

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, LARRY T
4413 NW 51ST PL
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, ROSA B 423 NW 6TH PLACE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JONES, TONY R 721 N W 6TH ST P O BOX 1250 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD WHITE, ALBERT 6423 NW 42ND LANE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POOLE, DEAN G 2531 NW 41ST STREET., A-2 GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000954510
07/14/08-80004-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tony R. Jones

7/7/2008

352.334.2441

Date

Daytime Phone #