

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004975

Entity Name: HILLSBOROUGH COUNTY SHERIFF'S BLACK ADVISORY COUNCIL, INC.**Current Principal Place of Business:**2008 E. 8TH AVE
TAMPA, FL 33605**Current Mailing Address:**P.O. BOX 310703
TAMPA, FL 33680**FEI Number: 75-3215383****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PARIS, CLINTON
10014 WATERWORKS LANE
RIVERVIEW, FL 33569 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	P
Name	COLE, JAMES E.
Address	5470 E. BUCH BLVD. PMB 505
City-State-Zip:	TEMPLE TERRACE FL 33617

Title	T
Name	WRIGHT, BETTY J
Address	P O BOX 1662
City-State-Zip:	PLANT CITY FL 33563

Title	PARLIAMENTARIAN
Name	POWELL, CRAIG
Address	4542 SAND POINTE PLACE APT. 6
City-State-Zip:	TAMPA FL 33615

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

Title	DIR
Name	GULLATT-HILL, DAWNE
Address	14506 WESSEX STREET
City-State-Zip:	TAMPA FL 33625

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**TREASURER****03/29/2023**

Electronic Signature of Signing Officer/Director Detail

Date