## 2014 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 2823 FAIRWAY VIEW DRIVE VALRICO, FLORIDA, FL 33680 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

FILED Apr 29, 2014

**Secretary of State** 

CC3739158726

Officer/Director Detail:

Title P Title S

NameCOLE, JAMESNameMENDOZA, APOLONIAAddress12206 WOOD DUCK PLACEAddress6204 N. 17TH STREETCity-State-Zip:TEMPLE TERRACE FL 33617City-State-Zip:TAMPA FL 33610

Title VP Title T

Name THYBULLE, CHARLES Name WRIGHT, BETTY J
Address 3129 DOWMAN POINT DRIVE Address P O BOX 1662

City-State-Zip: LAND O'LAKES FL 34638 City-State-Zip: PLANT CITY FL 33564

Title DIR

Name MATHEWS, ARNOLD

SIGNATURE: BETTY J. WRIGHT

Address 10113 SPRINGTREE COURT

City-State-Zip: TAMPA FL 33615

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.

Electronic Signature of Signing Officer/Director Detail

TREASUREER

04/29/2014