

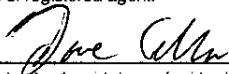



**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 8:00 am**  
**Secretary of State**

09-08-2004 90119 031 \*\*\*\*61.25

<b>DOCUMENT # 723936</b>					
1. Entity Name THE ALACHUA PRESS, INC.					
Principal Place of Business 513 E UNIVERSITY AVE GAINESVILLE, FL 32601-5451 US			Mailing Address 513 E UNIVERSITY AVE GAINESVILLE, FL 32601-5451 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MAHON, JOHN K 4129 SW 2ND AVE GAINESVILLE, FL 32607				Name Collins, David	
				Street Address (P.O. Box Number is Not Acceptable)	
				513 E. University Ave.	
				City	Gainesville FL 32601
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 		David Collins, Pres.		1 Sep 2004	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DON L		NAME		
STREET ADDRESS	150 SW FAIRWAY DR		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, BURNHAM		NAME	Collins, David	
STREET ADDRESS	16718 NW 40TH PL		STREET ADDRESS	513 E. University Ave.	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	Gainesville, FL 32601	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT		NAME		
STREET ADDRESS	3809 S.W. 37TH ST.		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHON, JOHN K		NAME	Dobrin, Sid	
STREET ADDRESS	4129 SW 2 AVE		STREET ADDRESS	15778 N.W. 58th Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Alachua, FL 32615	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKARD, JOHN B		NAME	Jones, Ray	
STREET ADDRESS	406 N.E. 7TH AVE.		STREET ADDRESS	4100 N.W. 28th Lane, Apt. 54	
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANTHAM, SUSAN		NAME	Albury, Susan	
STREET ADDRESS	215 SW 40TH TERR		STREET ADDRESS	830 N.W. 3rd Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	High Springs, FL 32643	
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.					
SIGNATURE: 		Robert A. Smith		1 Sep. 2004 (352)376-6477	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

Attachment  
#723936  
44052370

ATTACHMENT  
2004 UNIFORM BUSINESS REPORT  
THE ALACHUA PRESS, INC. 723936

ITEM 11 (CONTINUED): OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, KENNETH S.
ADDRESS	106 S.W. 40 <sup>TH</sup> TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	D
NAME	MCGRADY, SHEILA
ADDRESS	2701 N.W. 23 <sup>RD</sup> BLVD.
CITY-ST-ZIP	GAINESVILLE, FL 32605