


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 723936  
 1. Entity Name  
 THE ALACHUA PRESS, INC.



Principal Place of Business      Mailing Address  
 513 E UNIVERSITY AVE      513 E UNIVERSITY AVE  
 GAINESVILLE, FL 32601-5451 US      GAINESVILLE, FL 32601-5451 US

**DO NOT WRITE IN THIS SPACE**



07262005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 23-7225382      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COLLINS, DAVID  
 513 E UNIVERSITY AVE  
 GAINESVILLE, FL 32601

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	DAVIS, DON L
STREET ADDRESS	150 SW FAIRWAY DR
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656
TITLE	PD
NAME	COLLINS, DAVID
STREET ADDRESS	513 E UNIVERSITY AVE
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	TD
NAME	SMITH, ROBERT
STREET ADDRESS	3809 S.W. 37TH ST.
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	DOBRIN, SID
STREET ADDRESS	15778 NW 58TH AVE
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D
NAME	JONES, RAY
STREET ADDRESS	4100 NW 28TH LANE APT 54
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	D
NAME	ALBURY, SUSAN
STREET ADDRESS	830 NW 3RD AVE
CITY-ST-ZIP	HIGH SPRINGS, FL 32643

U00000375088  
 08/01/05-80005-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Robert A. Smith      24 July 2005      (352)376-6477  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #