
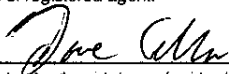



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 723936 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		Country		Country	
4. FEI Number 23-7225382				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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	
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, DON L 150 SW FAIRWAY DR KEYSTONE HEIGHTS, FL 32656 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, BURNHAM 16718 NW 40TH PL NEWBERRY, FL 32669 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Collins, David 513 E. University Ave. Gainesville, FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ROBERT 3809 S.W. 37TH ST. GAINESVILLE, FL 32608 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHON, JOHN K 4129 SW 2 AVE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dobrin, Sid 15778 N.W. 58th Ave. Alachua, FL 32615 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PICKARD, JOHN B 406 N.E. 7TH AVE. GAINESVILLE, FL 32601 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Ray 4100 N.W. 28th Lane, Apt. 54 Gainesville, FL 32606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANTHAM, SUSAN 215 SW 40TH TERR GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Albury, Susan 830 N.W. 3rd Ave. High Springs, FL 32643 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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 TH TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32607

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