


**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 513 E UNIVERSITY AVE GAINESVILLE, FL 32601-5451 US		Mailing Address 513 E UNIVERSITY AVE GAINESVILLE, FL 32601-5451 US
DO NOT WRITE IN THIS SPACE		
		07262005 No Chg-NP CR2E037 (10/03)
4. FEI Number 23-7225382		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
COLLINS, DAVID 513 E UNIVERSITY AVE GAINESVILLE, FL 32601		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	VD	DO NOT WRITE IN THIS SPACE
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	
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: <u>Robert A. Smith</u> Robert A. Smith		24 July 2005 (352)376-6477
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>