

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723936

FILED
Apr 17, 2007
Secretary of State

Entity Name: THE ALACHUA PRESS, INC.

Current Principal Place of Business:

513 E UNIVERSITY AVE
GAINESVILLE, FL 326015451 US

New Principal Place of Business:

Current Mailing Address:

513 E UNIVERSITY AVE
GAINESVILLE, FL 326015451 US

New Mailing Address:

FEI Number: 23-7225382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DAVID
513 E UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

GOWAN, SAMUEL C
513 E UNIVERSITY AVE
GAINESVILLE, FL 32601 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: SAMUEL C. GOWAN

04/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: DAVIS, DON L
Address: 150 SW FAIRWAY DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: PD (X) Delete
Name: COLLINS, DAVID
Address: 513 E UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: GOWAN, SAMUEL,
Address: 406 NE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D (X) Delete
Name: DOBRIN, SID
Address: 15778 NW 58TH AVE
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: JONES, RAY
Address: 4100 NW 28TH LANE APT 54
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: ALBURY, SUSAN
Address: 830 NW 3RD AVE
City-St-Zip: HIGH SPRINGS, FL 32643

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, DON L
Address: 150 SW FAIRWAY DR
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JONES, RAY
Address: 4100 NW 28TH LANE APT 54
City-St-Zip: GAINESVILLE, FL 32606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL C. GOWAN

TD

04/17/2007

Electronic Signature of Signing Officer or Director

Date