

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723936

FILED
Feb 22, 2008
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:

GOWAN, SAMUEL C
406 NE 5TH AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: SD () 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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, DON L
Address: 3509 NW 53RD TERR
City-St-Zip: GAINESVILLE, FL 32606

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

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

Title: D (X) Change () Addition
Name: ABRAMS, MARJORIE
Address: 1760 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: CATON, DONALD
Address: 4510 NW 15TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Change (X) Addition
Name: KENDZIOR, TONY
Address: 6815 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify 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

02/22/2008

Electronic Signature of Signing Officer or Director

Date