

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723936

FILED  
Mar 04, 2009  
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: 3509 NW 53RD TERR  
City-St-Zip: GAINESVILLE, FL 32606

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: ABRAMS, MARJORIE  
Address: 1760 NW 14TH AVE  
City-St-Zip: GAINESVILLE, FL 32605

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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03/04/2009

Electronic Signature of Signing Officer or Director

Date