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FILED

Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001480 (2)

1. Corporation Name

ALACHUA FREE-NET, INC.



Principal Place of Business

Mailing Address

820 N.W. 8TH AVE  
SUITE A  
GAINESVILLE FL 32601

820 N.W. 8TH AVE  
SUITE A  
GAINESVILLE FL 32601-5071

3. Date Incorporated or Qualified  
03/22/1994

3a. Date of Last Report  
09/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-3232175

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRASHEAR, BRUCE  
920 NW 8TH AVE  
SUITE A  
GAINESVILLE FL 32601

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MOFFETT, THOMAS J JR.  
STREET ADDRESS 1028 N.W. 38TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL 32605

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LEPININ-LEEDY, NANCE  
STREET ADDRESS 401 E. UNIVERSITY AVE.  
CITY-ST-ZIP GAINESVILLE FL 32601

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME POKORNEY, DAVID  
STREET ADDRESS 3131 S.W. 1ST AVE.  
CITY-ST-ZIP GAINESVILLE FL 32601

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME BRASHEAR, BRUCE  
STREET ADDRESS 2002 N.W. 12TH RD.  
CITY-ST-ZIP GAINESVILLE FL 32605

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SCHNEIDER, RICHARD  
STREET ADDRESS 1200 WEIMER HALL  
CITY-ST-ZIP GAINESVILLE FL 32611

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KANDALL, KIM  
STREET ADDRESS 3000 N.W. 83RD STREET  
CITY-ST-ZIP GAINESVILLE FL 32606

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

3/7/97 352-336-0800

CR2E037 (9/96)