


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000001480 1. Entity Name ALACHUA FREE-NET, INC.	
--	---

Principal Place of Business 926 NW 13TH STREET GAINESVILLE, FL 32601 US	Mailing Address 926 NW 13TH STREET GAINESVILLE, FL 32601 US
---	---



01062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3232175	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRASHEAR, BRUCE
926 N.W. 13TH STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFETT, THOMAS J JR. 1028 N.W. 36TH TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEPININ-LEEDY, NANCE 401 E. UNIVERSITY AVE. GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POKORNEY, DAVID 3401 NW 54TH LANE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASHEAR, BRUCE 926 NW 13TH STREET GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANDALL, KIM 2255 NW THIRD PLACE GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000216622
02/05/05-80056-004 .61.25

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-305