

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 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**

**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3232175**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

**BRASHEAR, BRUCE  
926 N.W. 13TH STREET  
GAINESVILLE, FL 32601**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000505907  
04/26/06-80133-018 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MOFFETT, THOMAS J JR.  
1028 N.W. 38TH 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

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  
**BRUCE BRASHEAR, President**

**4-10-06**

Date

**352 336 0800**

Daytime Phone