

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001480

Entity Name: ALACHUA FREE-NET, INC.

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

926 NW 13TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

926 NW 13TH STREET
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-3232175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRASHEAR, BRUCE
926 N.W. 13TH STREET
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: D () Delete
Name: MOFFETT, THOMAS J JR.
Address: 1028 N.W. 36TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: LEPININ-LEEDY, NANCE
Address: 401 E. UNIVERSITY AVE.
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: POKORNEY, DAVID
Address: 3401 NW 54TH LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: BRASHEAR, BRUCE
Address: 926 NW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: KANDALL, KIM
Address: 2255 NW THIRD PLACE
City-St-Zip: GAINESVILLE, FL 32603

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:

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: BRUCE BRASHEAR

P

03/13/2009

Electronic Signature of Signing Officer or Director

Date