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Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740896** (6)

1. Corporation Name

**THREE RIVERS LEGAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**111 SW FIRST STREET  
GAINESVILLE FL 32601  
US**

**111 SW FIRST STREET  
GAINESVILLE FL 32601-6241  
US**



2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

22 City & State

27 City & State

**23**  
Zip

**25**  
Country

**28**  
Zip

**30**  
Country

3. Date Incorporated or Qualified  
**11/28/1977**

3a. Date of Last Report  
**03/29/1996**

4. FEI Number  
**59-1797499**

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

**GRADDY, ROBERT H.  
111 SW FIRST STREET  
GAINESVILLE FL 32601**

**81** Name  
**Allison P. Thompson**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**111 SW First Street**

**83**

**84** City  
**Gainesville**

**FL** **85** Zip Code  
**32601**

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

*Allison P. Thompson*  
Signature, typed or printed name of registered agent and title if applicable.

**Allison P. Thompson**

**3/31/97**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE  
NAME **ROBERTS, C. DENNIS**  
STREET ADDRESS **200 N MARION ST**  
CITY-ST-ZIP **LAKE CITY FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Castleman, Fred L., Jr.**  
1.3 STREET ADDRESS **200 N Marion St**  
1.4 CITY-ST-ZIP **Lake City, FL 32055**

TITLE **DT** ☐ DELETE  
NAME **HASWELL, JOHN**  
STREET ADDRESS **211 NE 1ST ST.**  
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **Haswell, John**  
2.3 STREET ADDRESS **211 NE 1st Street**  
2.4 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **D** ☐ DELETE  
NAME **BROWN, TOM**  
STREET ADDRESS **10 N. COLUMBIA STREET**  
CITY-ST-ZIP **LAKE CITY FL**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Holliday-Fields, Nancy**  
3.3 STREET ADDRESS **207 South Marion Street**  
3.4 CITY-ST-ZIP **Lake City, FL 32055**

TITLE **DS** ☐ DELETE  
NAME **DAVIS, KENNETH S.**  
STREET ADDRESS **DOT, S. MARION ST**  
CITY-ST-ZIP **LAKE CITY FL**

4.1 TITLE **DP** ☒ Change ☐ Addition  
4.2 NAME **Davis, Kenneth S.**  
4.3 STREET ADDRESS **DOT, 1901 S. Marion St**  
4.4 CITY-ST-ZIP **Lake City, FL 32055**

TITLE **D** ☐ DELETE  
NAME **BURKETT, BARBARA**  
STREET ADDRESS **2830 NW 41ST ST #1**  
CITY-ST-ZIP **GAINESVILLE, FL 00000**

5.1 TITLE **DT** ☐ Change ☒ Addition  
5.2 NAME **Blount, K. Richard**  
5.3 STREET ADDRESS **401 SE 6th Street**  
5.4 CITY-ST-ZIP **Gainesville, FL 32601**

TITLE **D** ☐ DELETE  
NAME **SALMON, BILL E**  
STREET ADDRESS **204 W UNIV AVE, STE 8**  
CITY-ST-ZIP **GAINESVILLE FL**

6.1 TITLE **DS** ☐ Change ☒ Addition  
6.2 NAME **Jah, Nkwanda**  
6.3 STREET ADDRESS **1112 NE 10th Street**  
6.4 CITY-ST-ZIP **Gainseville, FL 32601**

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 *Allison P. Thompson* Secretary

**3/31/97 (352) 322-0216**

CR2E037 (9/96)

Three Rivers Legal Services, Inc.  
111 S.W. First Street  
Gainesville, FL 32601  
Annual Corporate Report 740896 (6)  
Board of Directors (Continued)

DV  
Marvin Bingham, Esq.  
1 S.E. First Street  
Alachua, Florida 32615

D  
Vinell Whitfield  
125 N.W. 5th Avenue  
Newberry, FL 32669

D  
Mary Lou Wilkerson  
20295 SE 219th Avenue  
Island Grove, FL 32654