

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90490 019 \*\*\*\*70.00

**DOCUMENT # 740896**

1. Entity Name  
**THREE RIVERS LEGAL SERVICES, INC.**



Principal Place of Business  
**214 W. UNIVERSITY AV  
STE A  
GAINESVILLE, FL 32601 US**

Mailing Address  
**214 W. UNIVERSITY AV  
STE A  
GAINESVILLE, FL 32601 US**

2. Principal Place of Business  
**901 NW 8th Ave  
Suite, Apt. #, etc.  
Suite D-5**

3. Mailing Address  
**901 NW 8th Ave  
Suite, Apt. #, etc.  
Suite D-5**

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

04152004 Chg-NP CR2E037 (10/03)

Zip  
**32601**

Country  
**US**

Zip  
**32601**

Country  
**US**

4. FEI Number  
**59-1797499**

Applied For  
Not Applicable

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

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

**THOMPSON, ALLISON P.  
214 W. UNIVERSITY AVE  
STE A  
GAINESVILLE, FL 32601**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**901 NW 8th Ave  
Suite D-5  
City Gainesville, FL FL Zip Code  
32601**

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **DV** ☒ Delete  
NAME **CHAMBLISS, ESQ, BRENDA**  
STREET ADDRESS **201 E. UNIVERSITY AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Marvin Bingham, Esq.**  
STREET ADDRESS **P.O. Box 1930**  
CITY-ST-ZIP **Alachua, FL 32615**

TITLE **DP** ☐ Delete  
NAME **HOLLIDAY-FIELDS, NANCY**  
STREET ADDRESS **207 S MARION ST**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ms. Nkwanda Jah**  
STREET ADDRESS **321 NW 10th Street**  
CITY-ST-ZIP **Gainesville, FL 32602-0198**

TITLE **DS** ☐ Delete  
NAME **DAVIS, KENNETH S**  
STREET ADDRESS **DOT S MARION ST**  
CITY-ST-ZIP **LAKE CITY, FL 32055**

TITLE **D** ☐ Change ☒ Addition  
NAME **Rosalyn Mattingly**  
STREET ADDRESS **4809 SW 91st Terrace**  
CITY-ST-ZIP **Gainesville, FL 32608-6033**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **Thomas E. Stone, Esq.**  
STREET ADDRESS **206 S. Range Street**  
CITY-ST-ZIP **Madison, Florida 32341-0292**

TITLE **D** ☐ Delete  
NAME **SALMON, BILL E**  
STREET ADDRESS **204 W UNIVERSITY AVE SUITE 8**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tom Brown, Esq.**  
STREET ADDRESS **116 NW Columbia Street**  
CITY-ST-ZIP **Lake City, FL 32056-1029**

TITLE **D** ☐ Delete  
NAME **Joan Kelly**  
STREET ADDRESS **5071 NW County Rd 141**  
CITY-ST-ZIP **Jennings, Florida 32053**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**4/21/04 (352)372-0759**  
Date Daytime Phone #