

FILE NOW: FILING FEE IS \$61.25

FILED  
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 <b>111 SW FIRST STREET GAINESVILLE FL 32601 US</b>	Mailing Address <b>111 SW FIRST STREET GAINESVILLE FL 32601-6241 US</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/28/1977</b>	3a. Date of Last Report <b>03/29/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1797499</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23. Zip	Country	28. Zip	Country
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GRADY, ROBERT H. 111 SW FIRST STREET GAINESVILLE FL 32601</b>		10. Name and Address of New Registered Agent	
		81. Name <b>Allison P. Thompson</b>	
		82. Street Address (P.O. Box Number is Not Acceptable) <b>111 SW First Street</b>	
		83.	
		84. City <b>Gainesville</b>	85. Zip Code <b>FL 32601</b>

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* **Allison P. Thompson** **3/31/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE <b>ROBERTS, C. DENNIS</b>	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERTS, C. DENNIS</b>	1.2 NAME	<b>Castleman, Fred L., Jr.</b>
STREET ADDRESS	<b>200 N MARION ST</b>	1.3 STREET ADDRESS	<b>200 N Marion St</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	1.4 CITY-ST-ZIP	<b>Lake City, FL 32055</b>
TITLE <b>DT</b>	<input type="checkbox"/> DELETE <b>HASWELL, JOHN</b>	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASWELL, JOHN</b>	2.2 NAME	<b>Haswell, John</b>
STREET ADDRESS	<b>211 NE 1ST ST.</b>	2.3 STREET ADDRESS	<b>211 NE 1st Street</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	<b>Gainesville, FL 32601</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>BROWN, TOM</b>	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, TOM</b>	3.2 NAME	<b>Holliday-Fields, Nancy</b>
STREET ADDRESS	<b>10 N. COLUMBIA STREET</b>	3.3 STREET ADDRESS	<b>207 South Marion Street</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	3.4 CITY-ST-ZIP	<b>Lake City, FL 32055</b>
TITLE <b>DS</b>	<input type="checkbox"/> DELETE <b>DAVIS, KENNETH S.</b>	4.1 TITLE <b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, KENNETH S.</b>	4.2 NAME	<b>Davis, Kenneth S.</b>
STREET ADDRESS	<b>DOT, S. MARION ST</b>	4.3 STREET ADDRESS	<b>DOT, 1901 S. Marion St</b>
CITY-ST-ZIP	<b>LAKE CITY FL</b>	4.4 CITY-ST-ZIP	<b>Lake City, FL 32055</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>BURKETT, BARBARA</b>	5.1 TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BURKETT, BARBARA</b>	5.2 NAME	<b>Blount, K. Richard</b>
STREET ADDRESS	<b>2830 NW 41ST ST #1</b>	5.3 STREET ADDRESS	<b>401 SE 6th Street</b>
CITY-ST-ZIP	<b>GAINESVILLE, FL 00000</b>	5.4 CITY-ST-ZIP	<b>Gainesville, FL 32601</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE <b>SALMON, BILL E</b>	6.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SALMON, BILL E</b>	6.2 NAME	<b>Jah, Nkwanda</b>
STREET ADDRESS	<b>204 W UNIV AVE, STE 8</b>	6.3 STREET ADDRESS	<b>1112 NE 10th Street</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	6.4 CITY-ST-ZIP	<b>Gainseville, FL 32601</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

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