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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 111 SW FIRST STREET GAINESVILLE FL 32601 US	Mailing Address 111 SW FIRST STREET GAINESVILLE FL 32601 US
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3. Date Incorporated or Qualified 11/28/1977	
4. FEI Number 59-1797499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**THOMPSON, ALLISON P.
 111 SW FIRST STREET
 GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	CASTLEMAN, FRED L. J <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 200 N MARION ST	LAKE CITY FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	MASWELL, JOHN <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 211 NE 1ST ST.	GAINESVILLE FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	HOLIDAY-FIELDS, NANCY <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DS
NAME 10 N. COLUMBIA STREET	LAKE CITY FL	3.2 NAME Holliday-Fields, Nancy	207 S. Marion Street
STREET ADDRESS		3.3 STREET ADDRESS	Lake City, FL 32055
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE DP	DAVIS, KENNETH S. <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME DOT, S. MARION ST	LAKE CITY FL	4.2 NAME Davis, Kenneth S.	DOT, S. Marion St
STREET ADDRESS		4.3 STREET ADDRESS	Lake City, FL 32055
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	BURKETT, BARBARA <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME 2830 NW 41ST ST #1	GAINESVILLE, FL 00000	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SALMON, BILL E <input type="checkbox"/> DELETE	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DT
NAME 204 W UNIV AVE, STE 8	GAINESVILLE FL	6.2 NAME Salmon, Bill E.	204 W. University Ave, Ste 8
STREET ADDRESS		6.3 STREET ADDRESS	Gainesville, FL 32601
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 as an attachment with an address.

SIGNATURE: Bill Salmon **Bill Salmon** 3/5/98 (352) 378-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0010508

CR2E037 (10/97)

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

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

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

D
Frankie Scott
1108 NW 5th Avenue
Gainesville, FL 32601

D
Kali R. Blount
401 SE 6th Street
Gainesville, FL 32601

D
Nkwanda Jah
1112 NW 2nd Street
Gainesville, FL 32601

D
Tom Brown
10 N. Columbia Street
Lake City, FL 32056-1029