


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90047 007 \*\*\*\*70.00

<b>DOCUMENT # 740896</b>					
1. Entity Name <b>THREE RIVERS LEGAL SERVICES, INC.</b>					
Principal Place of Business 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601 US			Mailing Address 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1797499	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMPSON, ALLISON P. 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWELL-WILLIAMS, JUANITA		NAME		
STREET ADDRESS	118 W ADAMS ST, STE 320		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLIDAY-FIELDS, NANCY		NAME		
STREET ADDRESS	P.O. BOX 1569		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320561569		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, KENNETH S		NAME		
STREET ADDRESS	DOT S MARION ST		STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY, FL 320255874		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURKETT, BARBARA		NAME		
STREET ADDRESS	2830 NW 41ST ST #1		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALMON, BILL E		NAME		
STREET ADDRESS	410 SE 4TH AVE, STE A		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, JOAN		NAME		
STREET ADDRESS	5071 NW COUNTY ROAD 141		STREET ADDRESS		
CITY-ST-ZIP	JENNINGS, FL 32053		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joan Kelly</i>		3/6/08 (52) 3724560			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

466003064



01072008 Chg-NP CR2E037 (12/06)

