

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740896

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

**Current Principal Place of Business:**

1000 NE 16TH AVENUE, BLDG I  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1000 NE 16TH AVENUE, BLDG I  
GAINESVILLE, FL 32601 US

**FEI Number:** 59-1797499

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WISZ, WALTER A ESQ.  
1000 NE 16TH AVENUE, BLDG I  
GAINESVILLE, FL 32601 US

*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.*

**SIGNATURE:** WALTER WISZ

03/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name CRUCE, ROGER W ESQ.  
Address 1409 KINGSLEY AVENUE, SUITE 1B  
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR  
Name BARNUM, EUNICE  
Address 9121 SPOTTSWOOD ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR, PRESIDENT  
Name WAGNER, KATHERINE MS.  
Address 1301 RIVERPLACE BLVD., #1630  
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR, SECRETARY  
Name PORTER, LATONYA STAR  
Address 100 NE 8TH AVENUE, #212  
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR  
Name ORTIZ, PAUL DR.  
Address PO BOX 115215  
UNIVERSITY OF FLORIDA  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name VALLEJOS-NICHOLS, DAWN  
Address 2814 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name ARNOLD, TAMMY  
Address 152 SW BURNETT LANE  
City-State-Zip: LAKE CITY FL 32024

Title VP  
Name DONLEY, AMBER  
Address 1700 WELLS ROAD, SUITE 27  
City-State-Zip: ORANGE PARK FL 32073

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHERINE WAGNER

DIRECTOR, PRESIDENT

03/03/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GALIONE, WILLIAM P  
Address 7257 NW 4TH BLVD, PMB 322  
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR  
Name MIKOLAITIS, SUSAN  
Address PO BOX 1930  
City-State-Zip: ALACHUA FL 32616

Title DIRECTOR  
Name VAZQUEZ SANTIAGO, MINERVA  
Address 15202 NW 147TH DRIVE  
SUITE 1200 #127  
City-State-Zip: ALACHUA FL 32615

Title DIRECTOR  
Name PRESCOTT KEMPH, HEIDI  
Address 971 DUVAL STREET  
SUITE 185  
City-State-Zip: LAKE CITY FL 32055-3703

Title DIRECTOR  
Name HENRY, VANESSA  
Address 15435 NE 141ST STREET  
City-State-Zip: WALDO FL 32694

Title DIRECTOR  
Name MOODY, IRIS  
Address 2824 NORTH MARKET STREET  
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR  
Name BRINSON, ELIZABETH  
Address 100 COURT ST. SE  
SUITE 204  
City-State-Zip: LIVE OAK FL 32064