Electronic Signature of Signing Officer/Director Detail

2022 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

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			03/09/2022			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	DIRECTOR, TREASURER	Title	DIRECTOR				
Name	CRUCE, ROGER W ESQ.	Name	BARNUM, EUNICE				
Address	1409 KINGSLEY AVENUE, SUITE 1B	Address	9121 SPOTTSWOOD ROAD				
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	JACKSONVILLE FL 32208				
Title	DIRECTOR	Title	DIRECTOR, PRESIDENT				
Name	EVERETT, PAULA	Name	WAGNER, KATHERINE MS.				
Address	4890 RICHARD STREET	Address	1301 RIVERPLACE BLVD., #16	30			
City-State-Zip:	28 JACKSONVILLE FL 32207	City-State-Zip:	JACKSONVILLE FL 32207				
Title	DIRECTOR, SECRETARY	Title Name	DIRECTOR ORTIZ, PAUL DR.				
Name	PORTER, LATONYA STAR						
Address	100 NE 8TH AVENUE, #212	Address	PO BOX 115215 UNIVERSITY OF FLORIDA				
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32611				
Title	SECRETARY	Title	DIRECTOR				
Name	TAIBL, MONICA	Name	VALLEJOS-NICHOLS, DAWN				
Address	125 NORTH RANGE STREET	Address	2814 SW 13TH STREET				
City-State-Zip:	MADISON FL 32340	City-State-Zip:	GAINESVILLE FL 32608				

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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

PRESIDENT

03/09/2022 Date

FILED Mar 09, 2022 Secretary of State 8058528050CC

Certificate of Status Desired: Yes

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	ARNOLD, TAMMY	Name	PIERRE-ANTOINE, YVENS
Address	152 SW BURNETT LANE	Address	305 NE 1ST AVENUE
City-State-Zip:	LAKE CITY FL 32024	City-State-Zip:	GAINESVILLE FL
Title	VP	Title	DIRECTOR
Name	DONLEY, AMBER	Name	GALIONE, WILLIAM P
Address	1700 WELLS ROAD, SUITE 27	Address	7257 NW 4TH BLVD, PMB 322
City-State-Zip:	ORANGE PARK FL 32073	City-State-Zip:	GAINESVILLE FL 32607
Title	DIRECTOR	Title	DIRECTOR
Name	HENRY, VANESSA	Name	MIKOLAITIS, SUSAN
Address	15435 NE 141ST STREET	Address	PO BOX 1930
City-State-Zip:	WALDO FL 32694	City-State-Zip:	ALACHUA FL 32616
Title	DIRECTOR		

Address PO BOX 1178 City-State-Zip: LAKE CITY FL 32056

KENDRON, JOHN J

Name