

2024 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:** No**Name and Address of Current Registered Agent:**MACRAE, DONNA S 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:** DONNA S MACRAE, ESQ.

02/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER

Name YONGE, MELANIE

Address 634 SW 137TH WAY

City-State-Zip: NEWBERRY FL 32669

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 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 GALIONE, WILLIAM P

Address 7257 NW 4TH BLVD, PMB 322

City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR

Name HENRY, VANESSA

Address 15435 NE 141ST STREET

City-State-Zip: WALDO FL 32694

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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: MELANIE YONGE

TREASURER

02/29/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 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