

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

FILED
Mar 26, 2020
Secretary of State
1853039240CC

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:

LARSON, CHRISTINE E 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: CHRISTINE E. LARSON

03/26/2020

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, PRESIDENT
Name HASWELL, LESLIE ESQ.
Address 2830 NW 41ST ST
STE K
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name ROSADO, ELIZABETH ESQ.
Address 106 OHIO AVE S
City-State-Zip: LIVE OAK FL 32064-3212

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

Title DIRECTOR
Name EVERETT, PAULA
Address 4890 RICHARD STREET
28
City-State-Zip: JACKSONVILLE FL 32207

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

Title DIRECTOR
Name HARRISON, BLAINE
Address 9431 NW 212TH STREET
City-State-Zip: STARKE FL 32091

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

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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: LESLIE HASWELL

PRESIDENT

03/26/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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 PIERRE-ANTOINE, YVENS
Address 305 NE 1ST AVENUE
City-State-Zip: GAINESVILLE FL

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

Title DIRECTOR
Name TAIBL, MONICA
Address 125 NORTH RANGE STREET
City-State-Zip: MADISON FL 32340

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

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