

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

FILED
Feb 05, 2015
Secretary of State
CC7306898188

Entity Name: THREE RIVERS LEGAL SERVICES, INC.

Current Principal Place of Business:

901 NW 8TH AVENUE
SUITE D-5
GAINESVILLE, FL 32601

Current Mailing Address:

901 NW 8TH AVENUE
SUITE D-5
GAINESVILLE, FL 32601 US

FEI Number: 59-1797499

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LARSON, CHRISTINE E ESQ.
901 NW 8TH AVENUE
SUITE D-5
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

02/05/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY.DIRECTOR
Name JAH, NKWANDA
Address 321 NW 10TH STREET
City-State-Zip: GAINESVILLE FL 32601

Title PRESIDENT, DIRECTOR
Name THOMAS, STONE ESQ.
Address 206 S RANGE STREET
City-State-Zip: MADISON FL 32341

Title TREASURER, DIRECTOR
Name SALMON, BILL E ESQ.
Address 410 SE 4TH AVE, STE A
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name HOWARD, GAIL
Address 1625 IAN DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034

Title DIRECTOR
Name BRADY, RAYOMND ESQ.
Address 2790 NW 43RD STREET
SUITE 200
City-State-Zip: GAINESVILLE FL 32606-7445

Title DIRECTOR
Name JEAN-BART, LESLIE ESQ.
Address 303 N. LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name MCNEILL, KEVIN A ESQ.
Address 318 E. DUVAL STREET
City-State-Zip: LAKE CITY FL 32055-4087

Title DIRECTOR
Name JOHNSON, ANA
Address 225 WATER STREET, STE 1750
City-State-Zip: JACKSONVILLE FL 32202-5185

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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: THOMAS E. STONE

PRESIDENT

02/05/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DASHER, LISA AN ESQ.
Address P.O. BOX 66025
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR
Name ANTHONY, VANESSA
Address 1441 NE 20TH AVENUE
City-State-Zip: GAIENSVILE FL 32609

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

Title DIRECTOR
Name RICHARDSON, GWEN
Address 567 CHARLES PINCKNEY STREET
City-State-Zip: ORANGE PARK FL 32073-8782

Title DIRECTOR
Name MCRAE, MITTIE
Address 113 NE 20TH STREET
City-State-Zip: GAINESVILLE FL 32641

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

Title DIRECTOR
Name SHAKESPEARE, MIDRED D
Address 821 NW TURNER AVENUE
APT 102
City-State-Zip: LAKE CITY FL 32055-8387