

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90057 013 ****70.00

DOCUMENT # 740896	
1. Entity Name THREE RIVERS LEGAL SERVICES, INC.	

Principal Place of Business 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601 US	Mailing Address 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601 US
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

90057013



03222007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1797499	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMPSON, ALLISON P. 901 NW 8TH AVENUE SUITE D-5 GAINESVILLE, FL 32601	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWELL-WILLIAMS, JUANITA 118 W ADAMS ST, STE 320 JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLIDAY-FIELDS, NANCY P.O. BOX 1569 LAKE CITY, FL 320561569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DAVIS, KENNETH S DOT S MARION ST LAKE CITY, FL 320255874 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURKETT, BARBARA 2830 NW 41ST ST #1 GAINESVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALMON, BILL E 410 SE 4TH AVE, STE A GAINESVILLE, FL 32601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JOAN 5071 NW COUNTY ROAD 141 JENNINGS, FL 32053 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: *Barbara Burkett* Barbara Burkett 3/22/07 352-372-0579
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40053214
#740896

Three Rivers Legal Services, Inc.
901 NW 8th Avenue, Suite D-5
Gainesville, FL 32601
Annual Corporate Report 740896
Board of Directors (Continued)

D
Samuel P. Stafford
Alachua County Courthouse
201 E. University Avenue
Gainesville, FL 32601

D
Thomas E. Stone
206 S. Range Street
P.O. Box 292
Madison, FL 32341-0292

D
Joan Kelly
5071 NW County Rd 141
Jennings, Florida 32053

D
Rhonda L. Whitford
P.O. Box 382
Fort White, FL 32308

D
Nkwanda Jah
1112 NW 2nd Street
Gainesville, FL 32601

D
Rena Danzy
1245 SE 12th Avenue
Gainesville, FL 32641

D
Tom Brown
10 N. Columbia Street
Lake City, FL 32055

D
Sarah Geathers
400 NW 1st Avenue
Apartment 704
Gainesville, FL 32601

D
Randy Kammer
3382 Bowers Lane
Jacksonville, FL 32257

D
Mildred Davis Shakespeare
331 NE Nink Place
Lake City, FL 32055