

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

FILED
Feb 11, 2009
Secretary of State

Entity Name: THREE RIVERS LEGAL SERVICES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1797499 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, ALLISON P.
901 NW 8TH AVENUE
SUITE D-5
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: POWELL-WILLIAMS, JUANITA
Address: 118 W ADAMS ST, STE 320
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP () Delete
Name: HOLLIDAY-FIELDS, NANCY
Address: P.O. BOX 1569
City-St-Zip: LAKE CITY, FL 320561569

Title: DS () Delete
Name: DAVIS, KENNETH S
Address: DOT S MARION ST
City-St-Zip: LAKE CITY, FL 320255874

Title: DT () Delete
Name: BURKETT, BARBARA,
Address: 2830 NW 41ST ST #1
City-St-Zip: GAINESVILLE, FL 00000

Title: D () Delete
Name: SALMON, BILL E
Address: 410 SE 4TH AVE, STE A
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: KELLY, JOAN
Address: 5071 NW COUNTY ROAD 141
City-St-Zip: JENNINGS, FL 32053

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ADAMS, WILLIAM JR
Address: 225 WATER STREET, STE 1750
City-St-Zip: JACKSONVILLE, FL 32202

Title: DP (X) Change () Addition
Name: HOLLIDAY-FIELDS, NANCY
Address: 265 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 320255984

Title: DS (X) Change () Addition
Name: DAVIS, KENNETH S
Address: 116 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: DT (X) Change () Addition
Name: BURKETT, BARBARA,
Address: 3304 NW 27TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BROWN, TOM
Address: 116 NW COLUMBIA AVENUE
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY HOLLIDAY-FIELDS

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date