

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

FILED
Mar 15, 2011
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: D
Name: JAH, NKWANDA
Address: 321 NW 10TH STREET
City-St-Zip: GAINESVILLE, FL 32601

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

Title: D
Name: DAVIS, KENNETH S
Address: 116 SW 40TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: DVP
Name: THOMAS, STONE
Address: 206 S RANGE STREET
City-St-Zip: MADISON, FL 32341-029

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

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

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: NANCY HOLLIDAY-FIELDS

MS.

03/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date