

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009051

FILED  
Jan 05, 2007  
Secretary of State

**Entity Name:** THREE RIVERS FNPC, INCORPORATED

**Current Principal Place of Business:**

4424 NW 13TH STREET  
SUITE C-8  
GAINESVILLE, FL 326091885

**New Principal Place of Business:**

**Current Mailing Address:**

4424 NW 13TH STREET  
SUITE C-8  
GAINESVILLE, FL 326091885

**New Mailing Address:**

**FEI Number:** 11-3661440

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMANN, RICHARD  
4424 NW 13TH STREET  
SUITE C-8  
GAINESVILLE, FL 326091885 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: CD ( ) Delete  
Name: HAMANN, RICHARD  
Address: 2020 SE 32ND PL  
City-St-Zip: GAINESVILLE, FL 32641

Title: SD ( ) Delete  
Name: STEVENSON, JAMES  
Address: 4797 LAKELY DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: MCVETY, PAM  
Address: 2012 MIDDLEWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: HAMANN, RICHARD  
Address: 2020 SE 32ND PL  
City-St-Zip: GAINESVILLE, FL 32641

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD HAMANN

PTD

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date