

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION.  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003190 (4)

1. Corporation Name

THREE RIVERS HOUSING CORPORATION

Principal Place of Business

Mailing Address

370 FOURTH AVENUE, SOUTH  
JACKSONVILLE FL 32250

520 FIRST STREET  
NEPTUNE BEACH FL 32266



3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOONE, FORREST F  
370 FOURTH AVENUE, SOUTH  
JACKSONVILLE FL 32250

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if any (Block 10)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BOONE, FORREST F  
STREET ADDRESS 370 FOURTH AVENUE, SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32250

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME ELLIS, DAVID LEE  
STREET ADDRESS 370 FOURTH AVENUE, SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32250

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME STONE, PHILIP T  
STREET ADDRESS 370 FOURTH AVENUE, SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32250

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME MCCORMICK, PAUL J  
STREET ADDRESS 370 FOURTH AVENUE, SOUTH  
CITY - ST - ZIP JACKSONVILLE FL 32250

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FORREST F. BOONE 3/1/96

9042475622

CR2E037 (12/95)