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FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32266-6103**



2. Principal Place of Business

2a. Mailing Address

21 **520 FIRST ST.**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

**NEPTUNE BEACH, FL**

29 City & State

24 Zip **32266**

25 Country **USA**

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**07/06/1995**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**59-3336405**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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

81 Name

**FORREST F. ROONE**

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

**520 FIRST STREET  
NEPTUNE BEACH**

84 City

**NEPTUNE BEACH**

85 FL

86 Zip Code

**32266**

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 **Forrest F. Roone President**

**1/14/97**

12. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ DELETE  
NAME **ELLIS, DAVID LEE**  
STREET ADDRESS **370 FOURTH AVENUE, SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32260**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **520 FIRST STREET**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32266**

2.1 TITLE **D/P** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **520 FIRST STREET**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32266**

3.1 TITLE **D/P** ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **520 FIRST STREET**  
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32266**

4.1 TITLE **D/S** ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **520 FIRST STREET**  
4.4 CITY-ST-ZIP **JACKSONVILLE, FL 32266**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: **Forrest F. Roone**

**1/14/97 904 2499745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007078

CP2E037 (9/96)