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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 740896

1. Corporation Name

THREE RIVERS LEGAL SERVICES, INC.

Principal Place of Business

111 SW FIRST STREET
 GAINESVILLE FL 32601
 US

Mailing Address

111 SW FIRST STREET
 GAINESVILLE FL 32601
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

11/28/1977

4. FEI Number

59-1797499

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

9. Name and Address of Current Registered Agent

THOMPSON, ALLISON P.
 111 SW FIRST STREET
 GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASTLEMAN, FRED L. J | |
| STREET ADDRESS | 200 N MARION ST | |
| CITY-ST-ZIP | LAKE CITY FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | HASWELL, JOHN | |
| STREET ADDRESS | 211 NE 1ST ST. | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | HOLLIDAY-FIELDS, NANCY | |
| STREET ADDRESS | 207 S MARION ST | |
| CITY-ST-ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DAVIS, KENNETH S | |
| STREET ADDRESS | DOT S MARION ST | |
| CITY-ST-ZIP | LAKE CITY FL 32055 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BURKETT, BARBARA | |
| STREET ADDRESS | 2830 NW 41ST ST #1 | |
| CITY-ST-ZIP | GAINESVILLE, FL 00000 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | SALMON, BILL E | |
| STREET ADDRESS | 204 W UNIVERSITY AVE SUITE 8 | |
| CITY-ST-ZIP | GAINESVILLE FL 32601 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-17-99

352/372-0579

Date

Daytime Phone #

CR2F037 (4-1/98)

Three Rivers Legal Services, Inc.
111 S.W. First Street
Gainesville, FL 32601
Annual Corporate Report 740896 (6)
Board of Directors (Continued)

288310-90098-42
740896

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