

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

Entity Name: THREE RIVERS LEGAL SERVICES, INC.**Current Principal Place of Business:**1000 NE 16TH AVENUE, BLDG I
GAINESVILLE, FL 32601**Current Mailing Address:**1000 NE 16TH AVENUE, BLDG I
GAINESVILLE, FL 32601 US**FEI Number:** 59-1797499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LARSON, CHRISTINE E ESQ.
1000 NE 16TH AVENUE, BLDG I
GAINESVILLE, FL 32601 US*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:** CHRISTINE E. LARSON

04/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BRADY, RAYMOND ESQ.
Address 2790 NW 43RD STREET
 SUITE 200
City-State-Zip: GAINESVILLE FL 32606-7445

Title DIRECTOR
Name MCNEILL, KEVIN A ESQ.
Address 318 E. DUVAL STREET
City-State-Zip: LAKE CITY FL 32055-4087

Title DIRECTOR, VP
Name HASWELL, LESLIE ESQ.
Address 2830 NW 41ST ST
 STE K
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name BARNUM, EUNICE
Address 9121 SPOTTSWOOD ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR
Name JEAN-BART, LESLIE ESQ.
Address 233 EAST BAY STREET
 804
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR, TREASURER
Name CRUCE, ROGER W ESQ.
Address 1409 KINGSLEY AVENUE, SUITE 1B
City-State-Zip: ORANGE PARK FL 32073

Title DIRECTOR
Name ROSADO, ELIZABETH ESQ.
Address 106 OHIO AVE S
City-State-Zip: LIVE OAK FL 32064-3212

Title DIRECTOR
Name EVERETT, PAULA
Address 4890 RICHARD STREET
 28
City-State-Zip: JACKSONVILLE FL 32207

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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: RAYMOND BRADY

PRESIDENT

04/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, THELMA
Address 193 NE CHRISTIE STREET
City-State-Zip: LAKE CITY FL 32055

Title DIRECTOR
Name HARRISON, BLAINE
Address 9431 NW 212TH STREET
City-State-Zip: STARKE FL 32091

Title DIRECTOR
Name ORTIZ, PAUL DR.
Address PO BOX 115215
UNIVERSITY OF FLORIDA
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR
Name VALLEJOS-NICHOLS, DAWN
Address 2814 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR, SECRETARY
Name WAGNER, KATHERINE MS.
Address 1301 RIVERPLACE BLVD., #1630
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name PORTER, LATONYA STAR
Address 100 NE 8TH AVENUE, #212
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name TAIBL, MONICA
Address 125 NORTH RANGE STREET
City-State-Zip: MADISON FL 32340