

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740896

**Entity Name:** THREE RIVERS LEGAL SERVICES, INC.**Current Principal Place of Business:**901 NW 8TH AVENUE  
SUITE D-5  
GAINESVILLE, FL 32601**Current Mailing Address:**901 NW 8TH AVENUE  
SUITE D-5  
GAINESVILLE, FL 32601 US**FEI Number:** 59-1797499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LARSON, CHRISTINE E ESQ.  
901 NW 8TH AVENUE  
SUITE D-5  
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

03/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name JAH, NKWANDA  
Address 321 NW 10TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title VP, DIRECTOR  
Name SALMON, BILL E ESQ.  
Address 410 SE 4TH AVE, STE A  
City-State-Zip: GAINESVILLE FL 32601

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

Title DIRECTOR  
Name DASHER, LISA ANN ESQ.  
Address P.O. BOX 66025  
City-State-Zip: ORANGE PARK FL 32065

Title DIRECTOR  
Name THOMAS, STONE ESQ.  
Address 206 S RANGE STREET  
City-State-Zip: MADISON FL 32341

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

**Continues on page 2**

*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

03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 11815 ALDEN ROAD  
1303  
City-State-Zip: JACKSONVILLE FL 32246

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

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