

2014 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:**HILL, ALAN C
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:** ALAN C. HILL

03/18/2014

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	SECRETARY, DIRECTOR
Name	DAVIS, KENNETH S ESQ.
Address	116 SW 40TH TERRACE
City-State-Zip:	GAINESVILLE FL 32607
Title	TREASURER, DIRECTOR
Name	SALMON, BILL E ESQ.
Address	410 SE 4TH AVE, STE A
City-State-Zip:	GAINESVILLE FL 32601
Title	DIRECTOR
Name	HOWARD, GAIL
Address	1625 IAN DRIVE
City-State-Zip:	FERNANDINA BEACH FL 32034

Title	DIRECTOR
Name	HOLLIDAY-FIELDS, NANCY ESQ.
Address	265 SE BAYA DRIVE
City-State-Zip:	LAKE CITY FL 32025-5984
Title	PRESIDENT, DIRECTOR
Name	THOMAS, STONE ESQ.
Address	206 S RANGE STREET
City-State-Zip:	MADISON FL 32341
Title	DIRECTOR
Name	BROWN, TOM
Address	116 NW COLUMBIA AVENUE
City-State-Zip:	LAKE CITY FL 32056
Title	DIRECTOR
Name	BRADY, RAYOMND ESQ.
Address	2790 NW 43RD STREET SUITE 200
City-State-Zip:	GAINESVILLE FL 32606-7445

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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: BILL E. SALMON, ESQ.

VP/TREASURER

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JEAN-BART, LESLIE ESQ.
Address 303 N. LIBERTY STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name JOHNSON, ANA
Address 225 WATER STREET, STE 1750
City-State-Zip: JACKSONVILLE FL 32202-5185

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