

2013 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:**THOMPSON, ALLISON P.
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title DIRECTOR
Name JAH, NKWANDA
Address 321 NW 10TH STREET
City-State-Zip: GAINESVILLE FL 32601Title SECRETARY, DIRECTOR
Name DAVIS, KENNETH S ESQ.
Address 116 SW 40TH TERRACE
City-State-Zip: GAINESVILLE FL 32607Title TREASURER, DIRECTOR
Name SALMON, BILL E ESQ.
Address 410 SE 4TH AVE, STE A
City-State-Zip: GAINESVILLE FL 32601Title DIRECTOR
Name HOWARD, GAIL
Address 1625 IAN DRIVE
City-State-Zip: FERNANDINA BEACH FL 32034Title DIRECTOR
Name HOLLIDAY-FIELDS, NANCY ESQ.
Address 265 SE BAYA DRIVE
City-State-Zip: LAKE CITY FL 32025-5984Title PRESIDENT, DIRECTOR
Name THOMAS, STONE ESQ.
Address 206 S RANGE STREET
City-State-Zip: MADISON FL 32341Title DIRECTOR
Name BROWN, TOM
Address 116 NW COLUMBIA AVENUE
City-State-Zip: LAKE CITY FL 32056Title DIRECTOR
Name RICHARDSON, GWEN
Address 567 CHARLES PINCKNEY ST.
City-State-Zip: ORANGE PARK FL 32073-8782**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: BILL E. SALMON

TREASURER

04/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name RUSSELL, JERTOYIA
Address 925 SE 43RD STREET, 21
City-State-Zip: GAINESVILLE FL 32641

Title DIRECTOR
Name SHAKESPEARE, MILDRED
Address 821 NW TURNER AVENUE, APT 102
City-State-Zip: LAKE CITY FL 32055-8387

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

Title DIRECTOR
Name STRAWDER, MAURICE
Address 1240 NW 14TH AVE
City-State-Zip: GAINESVILLE FL 32601

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