

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740896

FILED
Feb 18, 2016
Secretary of State
CC0998828402

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

02/18/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

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

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

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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

02/18/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCRAE, MITTIE
Address 113 NE 20TH STREET
City-State-Zip: GAINESVILLE FL 32641

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

Title DIRECTOR
Name ANTHONY, VANESSA
Address 2513 NE 56TH TERRACE
LOT #43
City-State-Zip: GAIENSVILE FL 32609

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