

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000007753

**Entity Name:** GAINESVILLE AREA TRIAL LAWYERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2630-A NW 41ST  
GAINESVILLE, FL 32606

**Current Mailing Address:**

2630-A NW 41ST  
GAINESVILLE, FL 32606 US

**FEI Number:** 93-2551334

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STINSON, LANDON  
2630-A NW 41ST  
GAINESVILLE, FL 32606 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 D  
Name AVERA, ALEXANDRIA  
Address 2814 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608

Title D  
Name MELDON, CAREY  
Address 703 N MAIN STREET, STE A  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name STINSON, LANDON  
Address 2630-A NW 41ST  
City-State-Zip: GAINESVILLE FL 32606

Title D  
Name WEST, ZACHARY  
Address 805 NW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32601

Title D  
Name YOUNGBLOOD, MARIA  
Address 703 N MAIN STREET, STE A  
City-State-Zip: GAINESVILLE FL 32601

*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:** ZACHARY WEST

04/02/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date