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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003596

1. Corporation Name

EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

Principal Place of Business

2790 NW 43RD STREET  
SUITE 200  
GAINESVILLE FL 23060  
US

Mailing Address

PO BOX 127  
GAINESVILLE FL 32602-0127  
US



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KRUEGER, SCOTT DAVID  
2790 NW 43RD STREET  
SUITE 200  
GAINESVILLE FL 32606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

07/28/1995

4. FEI Number

59-9021012

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D STOKES, JOHN  
STREET ADDRESS  
20 S MAIN STREET  
CITY-ST-ZIP  
GAINESVILLE FL 32601

TITLE ☐ DELETE

NAME  
DT KRUEGER, SCOTT  
STREET ADDRESS  
7622 NW 43 ST STE B-3  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☐ DELETE

NAME  
D MALONEY, FRANK E  
STREET ADDRESS  
5 W MACCLENNY AVE  
CITY-ST-ZIP  
MACCLENNY FL 32063

TITLE ☐ DELETE

NAME  
D KNELLINGER, RICHARD M  
STREET ADDRESS  
2815 NW 13 ST STE 305  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☒ DELETE

NAME  
DP SPERLING, SHARON T  
STREET ADDRESS  
500-C E UNIVERSITY AVE  
CITY-ST-ZIP  
GAINESVILLE FL

TITLE ☒ DELETE

NAME  
D HUSZAR, ARLENE  
STREET ADDRESS  
1110-B NW 8TH AVE.  
CITY-ST-ZIP  
GAINESVILLE FL 32601

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D.S.  
Lauren N. Richardson  
111 SE 1st Avenue  
Gainesville, FL 32601

DV  
Jennifer C. Lester  
901 NW 57th Street  
Gainesville, FL 32605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)