

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

APPROVED
AND
FILED

1999 July 29 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000003596

1. Corporation Name

EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.

Principal Place of Business

2780 NW 43RD STREET
SUITE 200
GAINESVILLE FL 23060
US

Mailing Address

PO BOX 127
GAINESVILLE FL 32602-0127
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/28/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		59-0021912	
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/>	
25 Country		30 Country		8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	
				5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRUEGER, SCOTT DAVID
2780 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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	STOKES, JOHN	1.2 NAME	LESTER, JENNIFER C.
STREET ADDRESS	20 S MAIN STREET	1.3 STREET ADDRESS	901 NW 57TH STREET
CITY-ST-ZIP	GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	Gainesville, FL 32604
TITLE	DT	2.1 TITLE	D
NAME	KRUEGER, SCOTT	2.2 NAME	RICHARDSON, LAUREN
STREET ADDRESS	7622 NW 43 ST STE B-3	2.3 STREET ADDRESS	P.O. Box 23939
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32602
TITLE	D	3.1 TITLE	D
NAME	MALONEY, FRANK E	3.2 NAME	HUTSON, BENNETT A.
STREET ADDRESS	5 W MACCLENNY AVE	3.3 STREET ADDRESS	PO Box 15508
CITY-ST-ZIP	MACCLENNY FL 32063	3.4 CITY-ST-ZIP	Gainesville, FL 32604
TITLE	D	4.1 TITLE	
NAME	KNELLINGER, RICHARD M	4.2 NAME	
STREET ADDRESS	2815 NW 13 ST STE 305	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	
NAME	SPERLING, SHARON T	5.2 NAME	
STREET ADDRESS	500-C E. UNIVERSITY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HUSZAR, ARLENE	6.2 NAME	
STREET ADDRESS	1110-C NW 8TH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32601	6.4 CITY-ST-ZIP	

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

6/30/99

Date

Daytime Phone #

CR2E037 (5/99)

AD