

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003596

Entity Name: EIGHTH JUDICIAL CIRCUIT BAR ASSOCIATION, INC.**Current Principal Place of Business:**2830 NW 41 STREET
SUITE C
GAINESVILLE, FL 32606**Current Mailing Address:**PO BOX 13924
GAINESVILLE, FL 32604 US**FEI Number: 59-9021912****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPERLING, SHARON T
2830 NW 41 ST
SUITE C
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	DIRECTOR
Name	MCCARTY, JAMES HJR.
Address	4321 NW 51ST DRIVE
City-State-Zip:	GAINESVILLE FL 32606-4322

Title	TD
Name	SPERLING, SHARON
Address	2830 NW 41 ST SUITE C
City-State-Zip:	GAINESVILLE FL 32606

Title	DIRECTOR
Name	VALLEJOS-NICHOLS, DAWN
Address	2814 SW 13 ST
City-State-Zip:	GAINESVILLE FL 32608

Title	PAST-PRESIDENT
Name	BALDWIN, NANCY T
Address	309 NE 1ST STREET
City-State-Zip:	GAINESVILLE FL 32601

Title	PRESIDENT
Name	BRADY, RAYMOND F
Address	2790 NW 43 STREET 200
City-State-Zip:	GAINESVILLE FL 32606

Title	VICE-PRESIDENT
Name	BIRRENKOTT, ROBERT
Address	PO BOX 117630
City-State-Zip:	GAINESVILLE FL 32611-7630

Title	DIRECTOR
Name	BENDIK, JAN
Address	901 NW 8TH AVENUE
City-State-Zip:	GAINESVILLE FL 32601

Title	DIRECTOR
Name	FUGATE, NORM
Address	PO BOX 98
City-State-Zip:	WILLISTON FL 32696-0098

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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: SHARON T. SPERLING**REGISTERED AGENT****02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY
Name HASWELL, LESLIE
Address 2830 NW 41 STREET
K
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name JOHNSON, DIANA
Address 18 NW 33 COURT
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name MALONEY, FRANK
Address 445 E. MACCLENNY AVE
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name O'CONNOR, PEG
Address 102 NW 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name SALZMAN, ANTHONY
Address 500 E. UNIVERSITY AVE.
A
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name BELO, MARILYN C.
Address 5745 SW 75TH STREET #363
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name PEREZ-MCMILLEN, MONICA
Address 101 NW 75TH STREET
SUITE 1
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name LEE, HOA T.
Address 2830 NW 41ST STREET
SUITE M
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name JOHNSON, COURTNEY
Address PO BOX 1775
City-State-Zip: GAINESVILLE FL 32602

Title DIRECTOR
Name KABLER, PHILIP
Address 2700 NW 43 STREET
SUITE C
City-State-Zip: GAINESVILLE FL 32606

Title PRESIDENT-ELECT DESIGNATE
Name MARCHMAN, STEPHANIE
Address 200 E. UNIVERSITY AVE.
425
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name RAWLS, MESHON
Address PO BOX 117626
City-State-Zip: GAINESVILLE FL 32611-7626

Title DIRECTOR
Name WALKER, GLORIA
Address 901 NW 8TH AVE.
D5
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name FABIANI, RICHARD H.
Address PO BOX 5877
City-State-Zip: GAINESVILLE FL 32627

Title DIRECTOR
Name STACK, MARGARET
Address PO BOX 552
City-State-Zip: ALACHUA FL 32616