

2025 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 140893
GAINESVILLE, FL 32614 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	FINE, CHERIE
Address	622 NE 1ST STREET
City-State-Zip:	GAINESVILLE FL 32601

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	DIRECTOR
Name	BENDIK, JAN
Address	3600 SW 19TH AVE APT 13
City-State-Zip:	GAINESVILLE FL 32607

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

Title	DIRECTOR
Name	MALONEY, FRANK
Address	445 E. MACCLENNY AVE SUITE 1
City-State-Zip:	MACCLENNY FL 32063

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

Title	SECRETARY
Name	LOCHRIDGE-GONZALES, DOMINIQUE
Address	2817 NE 11TH TERR
City-State-Zip:	GAINESVILLE FL 32609

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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 SPERLING**REGISTERED AGENT****04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NELSON, GEORGE
Address 445 E MACCLENNY AVE
City-State-Zip: MACCLENNY FL 32063-2217

Title DIRECTOR
Name GARDINER, EVAN MINTON
Address 2720 NW 6TH STREET
SUITE 302C
City-State-Zip: GAINESVILLE FL 32609

Title DIRECTOR
Name FOLSOM, ROBERT
Address 220 S MAIN STREET
City-State-Zip: GAINESVILLE FL 32601

Title PAST-PRESIDENT
Name MCMILLAN, MONICA
Address 101 NW 75TH STREET
SUITE 1
City-State-Zip: GAINESVILLE FL 32607

Title DIRECTOR
Name ANDREWS, TAVARA K.
Address 14407 SW 2ND PLACE
SUITE F-1
City-State-Zip: NEWBERRY FL 32669

Title DIRECTOR
Name ELIAZAR-MACKE, BROOKE
Address P.O. BOX 533986
City-State-Zip: ORLANDO FL 32853

Title DIRECTOR
Name SIEGEL, ERIC M.
Address 4046 W. NEWBERRY RD
City-State-Zip: GAINESVILLE FL 32607

Title PRESIDENT-ELECT DESIGNATE
Name FOLDS, ALLISON DEREK
Address 527 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name MCCARTY, JAMES H. JR.
Address 2630 NW 41ST STREET
A
City-State-Zip: GAINESVILLE FL 32606

Title PRESIDENT
Name BRADLEY, MIKEL
Address 201 E UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601-5457

Title DIRECTOR
Name RAMIREZ, CELESTE CORRALES
Address 120 W. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name MCCAIN, ANDREW W.
Address 102 NW 2ND AVENUE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name PATRICK, HUNTER
Address 5400 NW 39TH AVE
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR
Name ADAMS, DANIELLE
Address 527 E. UNIVERSITY AVENUE
City-State-Zip: GAINESVILLE FL 32601