

2017 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 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 GILBERT, RYAN
Address 203 NE 1ST STREET
City-State-Zip: GAINESVILLE FL 32601

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

Title PAST-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****04/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JOHNSON, COURTNEY
Address 115 NW 34TH STREET
City-State-Zip: GAINESVILLE FL 32607

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

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

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

Title SECRETARY
Name LIEBERMAN, MICHELE
Address 12 SE 1ST STREET
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name NELSON, GEORGE
Address 81 N. 3RD STREET
City-State-Zip: MACCLENNY FL 32063

Title DIRECTOR
Name HINES, STEPHANIE
Address 120 W. UNIVERSITY AVE.
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name WIMSETT, MARY K.
Address 1204 NW 69TH TERR
D
City-State-Zip: GAINESVILLE FL 32605

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 HAMM, NICHOLAS
Address 4707 NW 53RD AVE
STE A
City-State-Zip: GAINESVILLE FL 32653

Title DIRECTOR
Name WHITE, JAMIE
Address 203 NE 1ST STREET
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name LOCHRIDGE-GONZALES, DOMINIQUE
Address 901 NW 8TH AVENUE
D-5
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name HINES, MICHAEL
Address 317 NE FIRST STREET
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name SANSOME, STAR
Address 3940 NW 16TH BLVD
BLDG B
City-State-Zip: GAINESVILLE FL 32605

Title PRESIDENT-ELECT DESIGNATE
Name WALKER, GLORIA
Address 901 NW 8 AVE
SUITE D5
City-State-Zip: GAINESVILLE FL 32601