

2019 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	PRESIDENT
Name	FINE, CHERIE
Address	622 NE 1ST STREET
City-State-Zip:	GAINESVILLE FL 32601

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

Title	DIRECTOR
Name	BIRRENKOTT, ROBERT M. JR.
Address	PO BOX 117630
City-State-Zip:	GAINESVILLE FL 32611-7630

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

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

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

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

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

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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**TREASURER****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title SECRETARY
Name LOCHRIDGE-GONZALES, DOMINIQUE
Address 1000 NE 16 AVE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name ANDERSON, KIRSTEN
Address 1229 NW 12TH AVE.
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name FOLDS, ALLISON DEREK
Address 527 E. UNIVERSITY
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name CASON, JODI H.
Address PO DRAWER 340
City-State-Zip: STARKE FL 32091

Title DIRECTOR
Name BUSH, JAMES
Address 203 NE 1ST STREET
City-State-Zip: GAINSEVILLE FL 32601

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

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

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

Title DIRECTOR
Name FLOYD, KATHERINE L.
Address 201 E. UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name GALIGANI, DEAN
Address 317 NE 1ST STREET
City-State-Zip: GAINESVILLE FL 32601

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

Title DIRECTOR
Name GARDINER, EVAN MINTON
Address 151 SW 2ND AVE
City-State-Zip: GAINESVILLE FL 32601

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