

**2024 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	BRADY, RAYMOND F
Address	2603 NW 13 STREET 403
City-State-Zip:	GAINESVILLE FL 32609

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

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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**TREASURER****04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name LOCHRIDGE-GONZALES, DOMINIQUE  
Address 1000 NE 16 AVE  
BUILDING I, SUITE B  
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 MCCARTY, JAMES H. JR.  
Address 2630 NW 41ST STREET  
A  
City-State-Zip: GAINESVILLE FL 32606

Title PRESIDENT-ELECT  
Name BRADLEY, MIKEL  
Address 1000 NE 16TH AVE  
BUILDING I, SUITE B  
City-State-Zip: GAINESVILLE FL 32601-4541

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

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

Title DIRECTOR  
Name MCCAIN, ANDREW W.  
Address 120 W. UNIVERSITY AVENUE  
SUITE C  
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 GARDINER, EVAN MINTON  
Address 2700 NW 43RD STREET  
SUITE C  
City-State-Zip: GAINESVILLE FL 32606

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

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

Title DIRECTOR  
Name HOWELL, SAMANTHA  
Address 1000 NE 16TH AVENUE  
SUITE I  
City-State-Zip: GAINESVILLE FL 32601

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