2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2022
Secretary of State
6635515532CC

DOCUMENT# 731357

Entity Name: KIWANIS CLUB OF CLERMONT, INC.

Current Principal Place of Business:

1717 MORNING DR
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 120114
CLERMONT, FL 34712 US

FEI Number: 59-0961554

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHERER, KATHY B
10846 SE 54TH AVE
BELLEVIEW, FL 34420 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: KATHY B SCHERER 02/10/2022

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	SCHERER, KATHY B
Address	PO BOX 3037
City-State-Zip:	BELLEVIEW FL 34421

Title	PRESIDENT
Name	SEAVER, CHARLES
Address	877 W MINNEOLA AVE #121760
City-State-Zip:	CLERMONT FL 34712

Title	DIRECTOR
Name	CAPLE, CLEAMSTINE
Address	215 1ST AVE
City-State-Zip:	GROVELAND FL 34736

Title	SECRETARY
Name	BATTISTO, THOMAS
Address	12552 SCOTTISH PINE LN
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	BRANDT, DELBERT
Address	14109 VISTA DEL LAGO BLVD
City-State-Zip:	CLERMONT FL 34711

Title	DIRECTOR
Name	JACKSON-MORGAN, AUDREY
Address	2138 HELMSLEY DRIVE
City-State-Zip:	CLERMONT FL 34711-6912

Title	DIRECTOR
Name	KYLE, JOAN
Address	P.O. BOX 120114
City-State-Zip:	CLERMONT FL 34712

Title	DIRECTOR
Name	ESHELMAN, JAMES
Address	250 BANBURY CT
City-State-Zip:	LONGWOOD FL 32779

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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: KATHY SCHERER TREASURER 02/10/2022

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOLMES, CECILE
Address	1717 MORNING DR
City-State-Zip:	CLERMONT FL 34711