

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

03/01/2023

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

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

Title DIRECTOR
Name DEANNUNTIS, MARION
Address 5308 GREAT EGRET DR
City-State-Zip: LEESBURG FL 34748

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 B SCHERER

TREASURER

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date