

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006118

**Entity Name:** CLERMONT HISTORICAL SOCIETY INC**Current Principal Place of Business:**490 WEST AVENUE  
CLERMONT, FL 34711**Current Mailing Address:**490 WEST AVENUE  
CLERMONT, FL 34711 US**FEI Number:** 59-3544324**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NAGEL, MICKI  
450 E HIGHWAY 50  
SUITE 1  
CLERMONT, FL 34711 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:** MICKI NAGEL**03/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRIGGS, JAMES E. PRESIDENT  
Address        6855 GREEN SWAMP RD.  
City-State-Zip: CLERMONT FL 34714

Title            VP  
Name            COLE, DEVON  
Address        491 E. OSCEOLA ST.  
City-State-Zip: CLERMONT FL 34711

Title            RECORDING SECRETARY  
Name            DIIGENNARO, DONNA  
Address        219 GENTLE BREEZE DR.  
City-State-Zip: CLERMONT FL 34715

Title            TREASURER  
Name            GRUBE, DIETER  
Address        3612 BRIER RUN DRIVE  
City-State-Zip: CLERMONT FL 34711

Title            BOARD MEMBER  
Name            SEAVER, CHUCK  
Address        1717 MORNING DRIVE  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            FROST, CHARLIE  
Address        1514 HOLMES RD. .  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            OSKIN, LARRY  
Address        490 WEST AVENUE  
City-State-Zip: CLERMONT FL 34711

Title            DIRECTOR  
Name            BRONSON, VALERIE  
Address        11150 BRONSON RD.  
City-State-Zip: CLERMONT FL 34711

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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:** JAMES BRIGGS**PRESIDENT****03/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title               BOARD MEMBER  
Name             JONES, NICK DIRECTOR  
Address          1322 BOWMAN ST.  
City-State-Zip:  CLERMONT FL 34711

Title               DIRECTOR  
Name             MILLER , KAREN  
Address          2515 SQUAW CREEK  
City-State-Zip:  CLERMONT FL 34711