

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006118

**Entity Name:** SOUTH LAKE COUNTY 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DIGENNARO, DONNA M  
Address        219 GENTLE BREEZE DRIVE  
City-State-Zip: MINNEOLA FL 34715

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

Title            RECORDING SECRETARY  
Name            BRIGGS, JAMES  
Address        6855 GREEN SWAMP ROD  
City-State-Zip: CLERMONT FL 34714

Title            CORRESPONDING SECRETARY  
Name            BARNSTABLE, JERRAL  
Address        9029 VILLAGE GREEN BLVD.  
City-State-Zip: CLERMONT FL 34711

Title            TREASURER  
Name            HARPER, CONNIE  
Address        628 VILLA COURT  
City-State-Zip: CLERMONT FL 34711

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

Title            BOARD MEMBER  
Name            WESTPHAL, JUDY  
Address        1401 WEST HIGHWAY 50  
                  #65  
City-State-Zip: CLERMONT FL 34711

Title            BOARD MEMBER  
Name            GOODGAME, ERWIN R  
Address        2118 ST. IVES COURT  
City-State-Zip: CLERMONT FL 34715

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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:** DONNA M. DIGENNARO

PRESIDENT

01/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           BOARD MEMBER  
Name           RAY, BONNIE  
Address        462 OSCEOLA STREET  
City-State-Zip: CLERMONT FL 34711

Title           BOARD MEMBER  
Name           WALKER, DOLORES G  
Address        1653 BOWMAN STREET  
City-State-Zip: CLERMONT FL 34711

Title           BOARD MEMBER  
Name           RESCOE, LARRY  
Address        9437 MEADOW CREST LANE  
City-State-Zip: CLERMONT FL 34711