2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2025
Secretary of State
5020376844CC

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 01/27/2025

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

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

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

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

Title	TREASURER
Name	GRUBE, DIETER
Address	3612 BRIER RUN 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	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: DIETER GRUBE TREASURER 01/27/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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