

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000006

**Entity Name:** ASON INTERNATIONAL, INC.

**Current Principal Place of Business:**

1840 SARNO RD  
MELBOURNE, FL 32935

**Current Mailing Address:**

1840 SARNO RD  
MELBOURNE, FL 32935 US

**FEI Number:** 59-3484464

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ABRAMSON, ELLEN  
3120 CEDAR BAY DRIVE  
MELBOURNE, FL 32934 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 P  
Name ABRAMSON, ELLEN  
Address 3120 CEDAR BAY DR  
City-State-Zip: MELBOURNE FL 32934

Title CHAIRMAN  
Name PLATTS, KRISTIN  
Address 11 BATTERY BEND CT  
City-State-Zip: MONTGOMERY VILLAGE MD 20886

Title DIRECTOR  
Name GULLEDGE, CAROLYN S  
Address 1253 VESTAVIA CIR  
City-State-Zip: MELBOURNE FL 32940

Title SECRETARY  
Name DAVIDSON, CARLA  
Address 601 ADAMS DR  
City-State-Zip: MIDLAND MI 48642

Title DIRECTOR  
Name HENDRICKSON, ANDREW  
Address 1400 14TH AVE NE  
City-State-Zip: WILLMAR MN 56201

Title DIRECTOR  
Name BALDWIN, JUDY  
Address 1233 VESTAVIA CIR  
City-State-Zip: MELBOURNE FL 32940

Title DIRECTOR  
Name BRANDLI, JANET  
Address 24288 COUNTY HIGHWAY Z  
City-State-Zip: CORNELL WI 54732-5126

Title TREASURER  
Name LOGAN, DOREEN  
Address 5594 W CREEKSIDE LN  
City-State-Zip: QUEEN CREEK AZ 85142-3163

**Continues on page 2**

*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:** ELLEN J ABRAMSON

**PRESIDENT**

**03/31/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           FRIESE, SETH  
Address        222 POTOMAC AVE  
City-State-Zip: SALISBURY MD 21804