## 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000006

Entity Name: ASON INTERNATIONAL, INC.

**Current Principal Place of Business:** 

6105 N WICKHAM RD #411210 MELBOURNE, FL 32941

**Current Mailing Address:** 

PO BOX 411210

MELBOURNE, FL 32941 US

FEI Number: 59-3484464 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLMAR MN 56201

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Mar 03, 2021

**Secretary of State** 

3567176942CC

Officer/Director Detail :

Title Title DIRECTOR

ABRAMSON, ELLEN Name Name DALE, SWARTOUT Address 3120 CEDAR BAY DR Address 1961 ADMIRALTY BLVD

City-State-Zip: ROCKLEDGE FL 32955 MELBOURNE FL 32934 City-State-Zip:

Title **SECRETARY** Title **TREASURER** 

Name DAVIDSON, CARLA Name RODELIUS, DANIEL Address 601 ADAMS DR Address 3153 DEMPSEY AVE NW

MIDLAND MI 48642 City-State-Zip: City-State-Zip: MAPLE LAKE MN 55358

DIRECTOR Title Title **DIRECTOR** 

Name BALDWIN, JUDY HENDRICKSON, ANDREW Name Address 1233 VESTAVIA CIR

1400 14TH AVE NE Address City-State-Zip: MELBOURNE FL 32940

Title **CHAIR** Title DIRECTOR

Name LOGAN, DOREEN BRANDLI, JANET Name

5594 W CREEKSIDE LN Address 24288 COUNTY HIGHWAY Z Address

City-State-Zip: **QUEEN CREEK AZ 85142-3163** CORNELL WI 54732-5126 City-State-Zip:

## 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.

03/03/2021 SIGNATURE: ELLEN J ABRAMSON **PRESIDENT** 

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