

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 12:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N31128 (4)

1. Corporation Name

THE AUSONIAN SOCIETY, INC.

Principal Place of Business

Mailing Address

**3827
2827 NORTHWOOD CIRCLE
SARASOTA FL 34234**

**%BEVERLY D'ANGELO
660 WOODLAWN DRIVE
BRADENTON FL 34210-3034
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1989

3a. Date of Last Report

04/22/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$6.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**D'ANGELO, BEVERLY
660 WOODLAWN DR
BRADENTON FL 34210**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Beverly D'Angelo

(NOTE: Registered Agent signature required when re-registering)

DATE

4-20-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	RIZZO, VILMA
STREET ADDRESS	5115 CANTERBURY
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	WREN, CHRISTINE
STREET ADDRESS	1100 IMPERIAL DR
CITY-ST-ZIP	SARASOTA FL
TITLE	PD
NAME	D'ANGELO, BEVERLY
STREET ADDRESS	660 WOODLAWN DRIVE
CITY-ST-ZIP	BRADENTON FL
TITLE	DT
NAME	CERMINARA, FRANCES
STREET ADDRESS	2827 NORTHWOOD CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	D
NAME	TURSELLINO, MARCIA BURKE
STREET ADDRESS	9604 CORTEZ RD W
CITY-ST-ZIP	BRADENTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	D VP
1.3 STREET ADDRESS	Ray Macaulay
1.4 CITY-ST-ZIP	988 Blvd. of the Arts #610
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	Sarasota, Fl. 34236
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Frances Cerminara

SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

4/20/95

Date

355-3355

Daytime Phone #