FILE NOW: FILING FEE IS $61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N31128 **(4)**

1. Corporation Name

THE AUSONIAN SOCIETY, INC.

Principal Place of Business	Mailing Address
2827 NORTHWOOD CIRCLE SARASOTA FL 34234 US	988 BLVD OF THE ARTS SUITE 610 SARASOTA FL 34236-4835 US

2. Principal Place of Business
21 | 22 Suite, Apt. #, etc. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 2827 Northwood Circle
27 Suite, Apt. #, etc.
28 Sarasota, Florida
29 Zip 34234 | 30 Country U.S.A.

3. Date Incorporated or Qualified: 03/09/1989
3a. Date of Last Report: 05/01/1996

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MACAULAY, RAY
988 BLVD. OF THE ARTS
SUITE 610
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: CERMINARA, FRANCES A.
82 Street Address (P.O. Box Number is Not Acceptable): 2827 Northwood Circle
83
84 City: Sarasota **FL** | 85 Zip Code: 34234

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE: Frances A. Cerminara — Frances A. Cerminara DT — April 30, 1997
Signature, typed or printed name of registered agent, and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIZZO, VILMA		1.2 NAME		
STREET ADDRESS	5115 CANTERBURY		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	MACAULAY, RAY		2.2 NAME	TESTA, THOMAS	
STREET ADDRESS	988 BLV OF THE ARTS #610		2.3 STREET ADDRESS	3202 Campbell St.	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota, Fl. 34231	
TITLE	DVP	☒ DELETE	3.1 TITLE	DVP	☒ Change ☐ Addition
NAME	PALOMBO, RITA		3.2 NAME	SCANGA, JOHN	
STREET ADDRESS	1705 BENEVA CT #705		3.3 STREET ADDRESS	3503 B Avenida Madera	
CITY-ST-ZIP	SARASOTA FL		3.4 CITY-ST-ZIP	Bradenton, Fl. 34210	
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CERMINARA, FRANCES		4.2 NAME		
STREET ADDRESS	2827 NORTHWOOD CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TURSELLINO, MARCIA BURKE		5.2 NAME		
STREET ADDRESS	9604 CORTEZ RD W		5.3 STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TESTA, EILEEN		6.2 NAME		
STREET ADDRESS	3202 CAMPBELL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [illegible] (941) 366-2251

CR2E037 (9/96)