

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90261 035 \*\*\*\*61.25

**DOCUMENT # N31128**

1. Corporation Name

**THE AUSONIAN SOCIETY, INC.**

Principal Place of Business

2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234  
US

Mailing Address

2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/09/1989

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

9. Name and Address of Current Registered Agent

CERMINARA, FRANCES A  
2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
RIZZO, VILMA  
STREET ADDRESS  
5115 CANTERBURY  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
PD  
TESTA, THOMAS  
STREET ADDRESS  
3202 CAMPBELL ST  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☒ DELETE

NAME  
DVP  
MCNEIL, JEAN  
STREET ADDRESS  
2808 60TH AVE W, #1724  
CITY-ST-ZIP  
BRADENTON FL

TITLE ☐ DELETE

NAME  
DT  
CERMINARA, FRANCES  
STREET ADDRESS  
2827 NORTHWOOD CIR  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☐ DELETE

NAME  
D  
PALOMBO, RITA  
STREET ADDRESS  
1705 BENEVA COURT, #705  
CITY-ST-ZIP  
SARASOTA FL

TITLE ☒ DELETE

NAME  
D  
TESTA, EILEEN  
STREET ADDRESS  
3202 CAMPBELL ST  
CITY-ST-ZIP  
SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

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

DVP  
BOXLER, JOSEPHINE  
5114 73rd St. East  
Bradenton, FL. 34203

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

D  
CERMINARA, RALPH  
2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(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, with all other like empowered.

SIGNATURE:

*Frances Cerminara*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 (941) 355-3355  
Date Daytime Phone #

CR2E037 (11/98)