


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90040 023 \*\*\*\*61.25

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # 767688</b>  |   |    |   |
| 1. Entity Name<br><b>ASGHSMO ASSEMBLY, INCORPORATED</b>   |   |   |   |
| Principal Place of Business<br><b>245 HOPSON ROAD<br/>P.O. BOX 6<br/>FROSTPROOF FL 33843</b>  |   | Mailing Address<br><b>245 HOPSON ROAD<br/>P.O. BOX 6<br/>FROSTPROOF FL 33843</b>  |   |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   | Country   | Zip   | Country   |
| 6. Name and Address of Current Registered Agent<br><br><b>NELSON, PATRICIA<br/>170 MIRACLE PLACE<br/>FROSTPROOF FL 33843</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float:right"><b>FL</b></span> Zip Code |   |
| 4. FEI Number <b>59-1733796</b> Applied For <input type="checkbox"/> Not Applicable   |   |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |   |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2004</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |   |
| <b>Make Check Payable to Florida Department of State</b>  |   |   |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD</b><br><b>NELSON, JAMES C.</b> <input type="checkbox"/> Delete<br><b>170 MIRACLE PLACE</b><br><b>FROSTPROOF FL</b>                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>PATRICIA J. ANDREWS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>56 KELLYRIDGE ROAD</b><br><b>FROSTPROOF, FL 33843</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b><br><b>NELSON, PATRICIA A.</b> <input type="checkbox"/> Delete<br><b>170 MIRACLE PLACE</b><br><b>FROSTPROOF FL</b>                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HAMILTON, CAROLYN</b> <input type="checkbox"/> Delete<br><b>32 ROOSEVELT AVE</b><br><b>FROSTPROOF FL</b>                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>ANDREWS, DARRELL</b> <input type="checkbox"/> Delete<br><b>56 KENYRIDGE RD (S)</b> <i>KellyRidge</i><br><b>FROSTPROOF FL 33843</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>MILLS, CLARENCE</b> <input type="checkbox"/> Delete<br><b>30 TEMPLE COURT</b><br><b>FROSTPROOF FL</b>                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HOBBS, JANET</b> <input type="checkbox"/> Delete<br><b>28 MONROE STREET P.O. BOX 1141</b><br><b>FROSTPROOF FL</b>                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |   |
| SIGNATURE: <i>Patricia A. Nelson</i>  |   | SIGNATURE: <i>PATRICIA A. NELSON</i> 2-13-04  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>   |   |