


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT # 767688 1. Entity Name ASGHSMO ASSEMBLY, INCORPORATED	
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Principal Place of Business 245 HOPSON ROAD P.O. BOX 6 FROSTPROOF, FL 33843	Mailing Address 245 HOPSON ROAD P.O. BOX 6 FROSTPROOF, FL 33843
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04162006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1733796	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  NELSON, PATRICIA 170 MIRACLE PLACE FROSTPROOF, FL 33843
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**DO NOT WRITE  
IN THIS SPACE**

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 Nelson, Patricia (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NELSON, JAMES C. 170 MIRACLE PLACE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, PATRICIA A. 170 MIRACLE PLACE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CAROLYN 32 ROOSEVELT AVE FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, DARRELL 56 KELLYRIDGE RD. FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, CLARENCE 30 TEMPLE COURT FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBBS, JANET 28 MONROE STREET P.O. BOX 1141 FROSTPROOF, FL

U00000532451  
05/06/06-80082-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a power of attorney.

SIGNATURE Carolyn Hamilton 4-16-06 863-635-9238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #