


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90691 041 \*\*\*\*61.25

**DOCUMENT # 767688**

1. Entity Name  
**ASGHSMO ASSEMBLY, INCORPORATED**



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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1733796**

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**NELSON, PATRICIA  
170 MIRACLE PLACE  
FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

Name

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

City

**FL** Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b>	TITLE	<b>D</b>
NAME	<b>NELSON, JAMES C.</b>	NAME	<b>DARRELL W. ANDREWS</b>
STREET ADDRESS	<b>170 MIRACLE PLACE</b>	STREET ADDRESS	<b>56 KELLYRIDGE ROAD</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>
TITLE	<b>SD</b>	TITLE	<b>D</b>
NAME	<b>NELSON, PATRICIA A.</b>	NAME	<b>PATRICIA J. ANDREWS</b>
STREET ADDRESS	<b>170 MIRACLE PLACE</b>	STREET ADDRESS	<b>56 KELLYRIDGE ROAD</b>
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	CITY-ST-ZIP	<b>FROSTPROOF, FL 33843</b>
TITLE	<b>D</b>	TITLE	
NAME	<b>HAMILTON, CAROLYN</b>	NAME	
STREET ADDRESS	<b>32 ROOSEVELT AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>ANDREWS, DARRELL</b>	NAME	
STREET ADDRESS	<b>10723 GLEN ELLEN</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>MILLS, CLARENCE</b>	NAME	
STREET ADDRESS	<b>30 TEMPLE COURT</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	CITY-ST-ZIP	
TITLE	<b>D</b>	TITLE	
NAME	<b>HOBBS, JANET</b>	NAME	
STREET ADDRESS	<b>28 MONROE STREET P.O. BOX 1141</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	CITY-ST-ZIP	

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: *Patricia Nelson* **PATRICIA A. NELSON**

3-12-03

CR2E037 (10/02)