

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767688

**Entity Name:** ASGHSMO ASSEMBLY, INCORPORATED

**Current Principal Place of Business:**

245 HOPSON ROAD  
FROSTPROOF, FL 33843

**Current Mailing Address:**

245 HOPSON ROAD  
P.O. BOX 6  
FROSTPROOF, FL 33843

**FEI Number:** 59-1733796

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHEPPARD, MARY A  
32 ROOSEVELT AVE  
FROSTPROOF, FL 33843 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NELSON, JAMES C.  
Address 170 MIRACLE PLACE  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name SHEPPARD, MARY A  
Address 32 ROOSEVELT AVE  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name HAMILTON, CAROLYN  
Address 32 ROOSEVELT AVE  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name ANDREWS, DARRELL  
Address 1717 W. COMMONWEALTH DR  
City-State-Zip: FRONT ROYAL VA 22630

Title D  
Name MILLS, CLARENCE  
Address 30 TEMPLE COURT  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name HOBBS, JANET  
Address 28 MONROE STREET P.O. BOX 1141  
City-State-Zip: FROSTPROOF FL 33843

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY A. SHEPPARD

**REGISTERED AGENT**

**02/20/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date