

2016 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

AGENT/DIRECTOR

03/06/2016

Electronic Signature of Signing Officer/Director Detail

Date