FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717530 (0)

1. Corporation Name

THE HEISLER-JOHNSON AMERICAN LEGION POST NO. 119 , THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
130 FIRST AVE. S.W. P.O. BOX 794 LARGO FL 34649-7794	130 FIRST AVE. S.W. P.O. BOX 794 LARGO FL 34649-7794

3. Date Incorporated or Qualified: 11/10/1969

3a. Date of Last Report: 05/23/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc — 22:

Suite, Apt. #, etc — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-6173244 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HEISLER, JOHN O
195 10TH AVE SW
LARGO FL 34640

10. Name and Address of New Registered Agent

81 Name: Same

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

83

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John O Heisler — John O Heisler — 02-01-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCDERMOTT, ROBERT		1.2 NAME		
STREET ADDRESS	2118 MARY SUE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		1.4 CITY-ST-ZIP	Same	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOSES, HENRY E SR		2.2 NAME		
STREET ADDRESS	1848 EMERY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	Same	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEISLER, JOHN O		3.2 NAME		
STREET ADDRESS	195 10TH AVE SW		3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		3.4 CITY-ST-ZIP	Same	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, JON R		4.2 NAME		
STREET ADDRESS	601 STARKEY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	Same	
TITLE	M	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEISLER, CAROLYN S.		5.2 NAME		
STREET ADDRESS	195 10TH AVENUE, S.W.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL		5.4 CITY-ST-ZIP	Same	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John O Heisler — John O Heisler — 02-01-96 — 813-585-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #