

DOCUMENT # 717530

1. Entity Name
THE HEISLER-JOHNSON AMERICAN LEGION POST NO. 119

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

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
59-6173244

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HEISLER, JOHN O JR.
195- 10TH AVE SW
LARGO FL 33770

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.

SIGNATURE John O. Heisler Jr 01-06-01
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
Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SOLOMON, FREDERICK E		NAME		
STREET ADDRESS	249 JASPER ST LOT 107		STREET ADDRESS		
CITY - ST - ZIP	LARGO FL 33770		CITY - ST - ZIP		
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOSES, HENRY		NAME	BRUCE H. CALDWELL	
STREET ADDRESS	1808 EMORY DR		STREET ADDRESS	323 THIRD AVE SW	
CITY - ST - ZIP	CLEARWATER FL 33765		CITY - ST - ZIP	LARGO, FL 33770	
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEISLER, JOHN O JR.		NAME		
STREET ADDRESS	195- 10TH AVE SW		STREET ADDRESS		
CITY - ST - ZIP	LARGO FL 33770		CITY - ST - ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, JON R		NAME		
STREET ADDRESS	601 STARKEY RD		STREET ADDRESS		
CITY - ST - ZIP	LARGO FL		CITY - ST - ZIP		
TITLE	M	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HEISLER, CAROLYN S.		NAME		
STREET ADDRESS	195 10TH AVENUE, S.W.		STREET ADDRESS		
CITY - ST - ZIP	LARGO FL		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: Fredrick E Solomon 127, 584-2038
Signature and typed or printed name of signing officer or director Date Daytime Phone #