## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

**DOCUMENT #717530** 

1. Entity Name



**FILED** Jan 10, 2006 8:00 am Secretary of State 01-10-2006 90026 015 \*\*\*\*70.00

THE HEISLER-JOHNSON AMERICAN LEGION POST NO. 119, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA										
130 FIRST AVE. S.W. 13 P.O. BOX 794 P.		130 P.O.	Mailing Address 130 FIRST AVE. S.W. P.O. BOX 794 LARGO, FL 34649-7794					0 <b>0</b> 4 6 6 1 6 1		
2. Principal Place of Business 3. I		3. Mai	Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01062006 C	hg-NP	CR2E03	7 (11/05)	
City & State		Cit	City & State			4. FEI Number 59-617324	14		<u>_</u>	oplied For ot Applicable
Zìp	Country	Zi	)	Country		5. Certificate of S	tatus Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registe						7. Name and Add	ress of New R	egistered /	gent	
WING JR., CHARLES A				Name						
2912 IMPERIAL PALM DR LARGO, FL 33771			Street Addres			ss (P.O. Box Number is Not Acceptable)				
				City				FL	Zip Cod	e
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 renstating)  DATE										
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	E .		payable to	1
10.	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DI	RECTORS IN	10
TITLE NAME	PD WING JR., CHARLES A		☐ Delete	TITLE NAME					☐ Change	☐ Addition
STREET ADDRESS CFTY-ST-ZIP	2912 IMPERIAL PALM DR LARGO, FL 33771			STREET ADORESS CITY-ST-ZIP						
TITLE	VD		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	LEGRYS, CONNIE 12800 VON RD #219			NAME						
CITY-ST-ZIP	LARGO, FL 33774			STREET ADDRESS CITY-ST-ZIP	1					
TITLE	SD		☐ Delete	TITLE	SD				Change	Addition
NAME	WING JR., CHARLES A			NAME	CUT	TRIGHT, MA TH CLEARU	RTHA S	0000	on Hs	205
STREET ADDRESS CITY-ST-ZIP	2912 IMPERIAL PALM DRIVE LARGO, FL 33771			STREET ADORESS CITY-ST-ZIP	165	EARWATEI	DATER-LI DED 10	MKOU I	NU 41 0	
TITLE	TD		☐ Delete	TITLE	CL	ENKUMIEI	, ruk	IUA J		☐ Addition
NAME	SCHWEITZER, JON R		L Date	NAME					☐ Change	
STREET ADDRESS	601 STARKEY RD			STREET ADDRESS						
CATY-ST-ZIP	LARGO, FL			CITY-ST-ZIP						
TITLE NAME	M HEIDLED CAROLYNIC		Delete	TITLE					Change	☐ Addition
STREET ADDRESS	HEISLER, CAROLYN S. 195 10TH AVENUE, S.W.			NAME STREET ADDRESS						
CITY-ST-ZIP	LARGO, FL			CITY-ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition
NAME				NAME					-	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY+ST-ZIP						1
	Lentify that the information supplied wit	h this file-	dose not available	<u> </u>	contains	Lin Charter 110 FI-	rida Ctatutas 1	hiethar ====	in that the !	domet'
indicated	on this report or supplemental report	s true and	accurate and that my	signature shall	have the	same legal effect as	if made under o	path; that I a	ım an officer	or director

indicated on this report of supplierreman report is true and accurate and that my signature shall have the same legal effect as it 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:

1-6-06