

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90039 045 ****70.00

DOCUMENT # 717530 1. Entity Name THE HEISLER-JOHNSON AMERICAN LEGION POST NO. 119, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA																																																																																																																	
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 - No P.O. Box # 130 FIRST AVE S.W.			3. Mailing Address 130 FIRST AVE S.W.																																																																																																														
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																														
City & State LARGO, FL			City & State LARGO, FL																																																																																																														
Zip 33770		Country US		Zip 33770																																																																																																													
Country US		4. FEI Number 59-6173244																																																																																																															
5. Certificate of Status Desired ☒				Applied For Not Applicable																																																																																																													
\$8.75 Additional Fee Required																																																																																																																	
6. Name and Address of Current Registered Agent WING JR., CHARLES A 2912 IMPERIAL PALM DR LARGO, FL 33771			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. 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 reinstating) DATE																																																																																																																	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																													
Make check payable to Florida Department of State																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PD OBAUGH, MILBURN L</td> <td>☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>13225 101ST STREET LOT 138</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33773</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD BOHALL, ROBERT</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>BOHALL, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>330 16TH AVE SW</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33770</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD WING, CHARLES A JR</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>WING, CHARLES A JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2912 IMPERIAL PALM DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33771</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD SCHWEITZER, JON R</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>SCHWEITZER, JON R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>601 STARKEY RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>M HEISLER, CAROLYN S.</td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>HEISLER, CAROLYN S.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>195 10TH AVENUE, S.W.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>VD BLOOMER, MARK A</td> <td style="text-align: center;">☒ ☐</td> </tr> <tr> <td>STREET ADDRESS</td> <td>701 8TH AVE NW LOT 62</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33770</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	NAME	Delete	NAME	PD OBAUGH, MILBURN L	☐	STREET ADDRESS	13225 101ST STREET LOT 138		CITY-ST-ZIP	LARGO, FL 33773		TITLE	VD BOHALL, ROBERT	Delete	NAME	BOHALL, ROBERT		STREET ADDRESS	330 16TH AVE SW		CITY-ST-ZIP	LARGO, FL 33770		TITLE	SD WING, CHARLES A JR	Delete	NAME	WING, CHARLES A JR		STREET ADDRESS	2912 IMPERIAL PALM DR		CITY-ST-ZIP	LARGO, FL 33771		TITLE	TD SCHWEITZER, JON R	Delete	NAME	SCHWEITZER, JON R		STREET ADDRESS	601 STARKEY RD		CITY-ST-ZIP	LARGO, FL		TITLE	M HEISLER, CAROLYN S.	Delete	NAME	HEISLER, CAROLYN S.		STREET ADDRESS	195 10TH AVENUE, S.W.		CITY-ST-ZIP	LARGO, FL		TITLE		Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME	VD BLOOMER, MARK A	☒ ☐	STREET ADDRESS	701 8TH AVE NW LOT 62		CITY-ST-ZIP	LARGO, FL 33770		TITLE		Change Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		Change Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: CHARLES A. WING JR <i>Charles A. Wing Jr</i> 1/4/08 727-584-2038 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																	