


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000010513 1. Entity Name AMERICAN SPIRIT PRESERVATIONS FOUNDATION, INC.	
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Principal Place of Business 123 N HWY 27 CLERMONT, FL 34712	Mailing Address 123 N HWY 27 CLERMONT, FL 34712
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01042008 No Chg-NP CR2E037 (4/06)


DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2858612	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZWEIFEL, JOHN 8967 EASTERLING DR ORLANDO, FL 32819

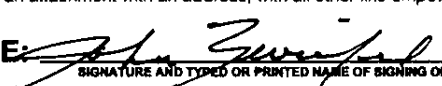
DO NOT WRITE IN THIS SPACE

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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(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. <input type="checkbox"/> \$5.00 May Be Added to Fees	4-28-08
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZWEIFEL, JOHN 123 N HWY 27 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HOWEL, CAROL 123 N HWY 27 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ES ZWEIFEL, JAN 8967 EASTERLING DRIVE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD ZWEIFEL, JACK E 123 N HWY 27 CLERMONT, FL 34712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARDOE, GLENNA D 11361 AMY LANE ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD BAKER, SUSAN R 1515 GRAMPIAN BLVD WILLIAMSPORT, PA 17701

<p>U000000945853 05/30/08-80025-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JOHN ZWEIFEL <small>Date</small>	4-28-08 4078763631 <small>Daytime Phone #</small>