2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# N06000010513

Entity Name: AMERICAN SPIRIT PRESERVATIONS FOUNDATION, INC.

Current Principal Place of Business:

123 N HWY 27
CLERMONT, FL 34712

New Principal Place of Business:

Current Mailing Address:

123 N HWY 27
CLERMONT, FL 34712

New Mailing Address:

FEI Number: 59-2858612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZWEIFEL, JOHN
8967 EASTERLING DR
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ZWEIFEL, JOHN
Address: 123 N HWY 27
City-St-Zip: CLERMONT, FL 34712

Title: ED ( ) Delete
Name: HOWEL, CAROL
Address: 123 N HWY 27
City-St-Zip: CLERMONT, FL 34712

Title: ES ( ) Delete
Name: ZWEIFEL, JAN
Address: 8967 EASTERLING DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: CPD ( ) Delete
Name: ZWEIFEL, JACK E
Address: 123 N HWY 27
City-St-Zip: CLERMONT, FL 34712

Title: T ( ) Delete
Name: BARDOE, GLENNA D
Address: 11361 AMY LANE
City-St-Zip: ORLANDO, FL 32836

Title: RD ( ) Delete
Name: BAKER, SUSAN R
Address: 1515 GRAMPIAN BLVD
City-St-Zip: WILLIAMSPORT, PA 17701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN ZWEIFEL ES 01/06/2009

Electronic Signature of Signing Officer or Director — Date