

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 28, 1999 8:00 am**  
**Secretary of State**

07-28-1999 90010 046 \*\*\*\*61.25

**DOCUMENT # N97000006635**

1. Corporation Name

**THE CRG FOUNDATION FOR THE PRESERVATION OF THE A  
MERICAN SPIRIT, INC.**

Principal Place of Business  
1947 LEE ROAD  
WINTER PARK FL 32789

Mailing Address  
1947 LEE ROAD  
WINTER PARK FL 32789

597408-90010-46



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3479453	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		Trust Fund Contribution	
25		29			

9. Name and Address of Current Registered Agent

**VEITIA, ROBERTO E**  
1947 LEE ROAD  
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEITIA, ROBERTO E	1.2 NAME	
STREET ADDRESS	1947 LEE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDIS, JOSEPH	2.2 NAME	D
STREET ADDRESS	1947 LEE ROAD	2.3 STREET ADDRESS	Paul Serluco
CITY-ST-ZIP	WINTER PARK FL 32789	2.4 CITY-ST-ZIP	1947 Lee Road
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Winter Park, FL 32789
NAME	JORDAN, BOB	3.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	904 GLENRIDGE DRIVE	3.3 STREET ADDRESS	210 Banbury Court
CITY-ST-ZIP	LOUISVILLE KY 40242	3.4 CITY-ST-ZIP	Longwood, FL 32779-4505
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 registered trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with another title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99 407-628-5700

CR2E037 (5/99)