

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010513

**Entity Name:** AMERICAN SPIRIT PRESERVATIONS FOUNDATION, INC.

**Current Principal Place of Business:**

123 N HWY 27  
CLERMONT, FL 34711

**Current Mailing Address:**

123 N HWY 27  
CLERMONT, FL 34711

**FEI Number: 59-2858612**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZWEIFEL, JOHN  
8967 EASTERLING DR  
ORLANDO, FL 32819 US

*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

**Officer/Director Detail :**

Title PD  
Name ZWEIFEL, JOHN  
Address 123 N HWY 27  
City-State-Zip: CLERMONT FL 34711

Title ES  
Name ZWEIFEL, JAN  
Address 8967 EASTERLING DRIVE  
City-State-Zip: ORLANDO FL 32819

Title CPD  
Name ZWEIFEL, JACK E  
Address 123 N HWY 27  
City-State-Zip: CLERMONT FL 34711

Title PC  
Name WARD, JOANN  
Address 123 N. HWY 27  
City-State-Zip: CLERMONT FL 34711

Title TR  
Name BOWERS, ANN  
Address 1790 ST. JAMES CIRCLE  
City-State-Zip: THE VILLAGES FL 32162

*I hereby 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 all other like empowered.*

**SIGNATURE: JOHN E ZWEIFEL**

**OWNER**

**02/21/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date