

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 15 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 810952 (2)
1. Corporation Name
EASTERN NATIONAL PARK & MONUMENT ASSOCIATION

Principal Place of Business Mailing Address
446 NORTH LANE 446 NORTH LANE
CONSHOHOCKEN PA 19428 CONSHOHOCKEN PA 19428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
04/13/1956 04/18/1994
4. FEI Number Applied For
23-1401703 Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GHIOTO, PAUL
FORT CAROLINE NATIONAL MONUMENT
12713 FT. CAROLINE ROAD
JACKSONVILLE FL 32225**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	C
NAME	DICKENSON, RUSSELL E
STREET ADDRESS	4059 120TH AVE., SE
CITY-ST-ZIP	BELLEVUE WA
TITLE	VST
NAME	JAMGOCHIAN, RICHARD D
STREET ADDRESS	446 NORTH LANE
CITY-ST-ZIP	CONSHOHOCKEN PA
TITLE	D
NAME	UTLEY, ROBERT M
STREET ADDRESS	446 N LANE
CITY-ST-ZIP	CONSHOHOCKEN A
TITLE	D
NAME	BEATY, LAURA L
STREET ADDRESS	2019 VIRGINIA AVE
CITY-ST-ZIP	MCLEAN VA
TITLE	P
NAME	MINNUCCI, GEORGE J JR
STREET ADDRESS	446 NORTH LANE
CITY-ST-ZIP	CONSHOHOCKEN PA
TITLE	D
NAME	BEAL, MERRILL D
STREET ADDRESS	835 BELL LANE
CITY-ST-ZIP	GATLINBURG TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	JERRY L. SCHOBAR
6.4 CITY-ST-ZIP	11723 ARBORDAK TERRACE ST. LOUIS, MO 63136

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 receiver or 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.

SIGNATURE: Richard D. Jamgochian RICHARD D. JAMGOCHIAN VICE PRESIDENT OF FINANCE Date: (610)832-0565