


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0017084

**DOCUMENT # 810952**

1. Entity Name  
**EASTERN NATIONAL, CORPORATION**



FILED  
03 OCT 23 AM 9:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address

**470 MARYLAND DRIVE  
SUITE 1  
FT. WASHINGTON PA 19034**      **470 MARYLAND DRIVE  
SUITE 1  
FT. WASHINGTON PA 19034**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **23-1401703**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~PETERS, KAREN~~  
~~ENP & MA/CASTILLO DE SAN MARCOS~~  
~~1 SOUTH CASTILLO DRIVE~~  
~~ST. AUGUSTINE FL 32084~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

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 *Karen Peters*      *Karen Peters*      *10/22/03*

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

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DICKENSON, RUSSELL E</b>	
STREET ADDRESS	<b>4059 120TH AVE., SE</b>	
CITY-ST-ZIP	<b>BELLEVUE WA 98006</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MOROZ, CHESLEY</b>	
STREET ADDRESS	<b>470 MARYLAND DRIVE, SUITE 1</b>	
CITY-ST-ZIP	<b>FORT WASHINGTON PA 19034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EVERHARDT, GARY</b>	
STREET ADDRESS	<b>7 BROOK FOREST DRIVE, NW</b>	
CITY-ST-ZIP	<b>ARDEN NC 28704</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MINNUCCI, GEORGE J JR</b>	
STREET ADDRESS	<b>612 WALNUT STREET</b>	
CITY-ST-ZIP	<b>LANSDALE PA 19446</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>C</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Melody Webb</b>	
STREET ADDRESS	<b>404 Goldridge Drive</b>	
CITY-ST-ZIP	<b>Georgetown, TX 78628</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>700023609917</b>	
STREET ADDRESS	<b>10/07/03--01014--012 **236.25</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]*      **SIGNATURE REQUIRED**      *9/30/03 215-283-6900*

Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E037 (4/03)