

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 810952

FILED
Jan 21, 2005
Secretary of State

Entity Name: EASTERN NATIONAL, CORPORATION

Current Principal Place of Business:

470 MARYLAND DRIVE
SUITE 1
FT. WASHINGTON, PA 19034

New Principal Place of Business:

Current Mailing Address:

470 MARYLAND DRIVE
SUITE 1
FT. WASHINGTON, PA 19034

New Mailing Address:

FEI Number: 23-1401703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, KAREN
ENP & MA/CASTILLO DE SAN MARCOS
1 SOUTH CASTILLO DRIVE
ST. AUGUSTINE, FL 32084 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: D () Delete
Name: DICKENSON, RUSSELL E
Address: 4059 120TH AVE., SE
City-St-Zip: BELLEVUE, WA 98006

Title: P () Delete
Name: MOROZ, CHESLEY
Address: 470 MARYLAND DRIVE, SUITE 1
City-St-Zip: FORT WASHINGTON, PA 19034

Title: D () Delete
Name: EVERHARDT, GARY
Address: 7 BROOK FOREST DRIVE, NW
City-St-Zip: ARDEN, NC 28704

Title: C () Delete
Name: WEBB, MELODY
Address: 404 GOLDBRIDGE DR
City-St-Zip: GEORGETOWN, TX 78628

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHESLEY MOROZ

PRES

01/21/2005

Electronic Signature of Signing Officer or Director

_____ Date