

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified **04/13/1956** 3a. Date of Last Report **03/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		23-1401703		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	KAREN PETERS	
82	Street Address (P.O. Box Number is Not Acceptable)	ENP & MA/CASTILLO DE SAN MARCOS NM	
83		1 S. CASTILLO DRIVE	
84	City	85	Zip Code
	ST. AUGUSTINE	FL	32084

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 *Karen Peters* DATE **4/17/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	DICKENSON, RUSSELL E
STREET ADDRESS	4059 120TH AVE., SE
CITY-ST-ZIP	BELLEVUE WA
TITLE	VST <input checked="" type="checkbox"/> DELETE
NAME	JAMGOCHIAN, RICHARD D
STREET ADDRESS	446 NORTH LANE
CITY-ST-ZIP	CONSHOHOCKEN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	UTLEY, ROBERT M
STREET ADDRESS	446 N LANE
CITY-ST-ZIP	CONSHOHOCKEN A
TITLE	D <input type="checkbox"/> DELETE
NAME	BEATY, LAURA L
STREET ADDRESS	2019 VIRGINIA AVE
CITY-ST-ZIP	MCLEAN VA
TITLE	P <input type="checkbox"/> DELETE
NAME	MINNUCCI, GEORGE J JR
STREET ADDRESS	446 NORTH LANE
CITY-ST-ZIP	CONSHOHOCKEN PA
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHOBAR, JERRY L.
STREET ADDRESS	11723 ARBOROAK TERRACE
CITY-ST-ZIP	ST. LOUIS MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHESLEY A. MOROZ
2.3 STREET ADDRESS	446 NORTH LANE
2.4 CITY-ST-ZIP	CONSHOHOCKEN PA 19428
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	CONSHOHOCKEN PA 19428
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	CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MINNUCCI, GEORGE J. JR.
5.3 STREET ADDRESS	612 WALNUT STREET
5.4 CITY-ST-ZIP	LANSDALE PA 19446
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Chesley A. Moroz* DATE: **4/11/96** DAYTIME PHONE #: **(610) 832-0240**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)