

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810952

**Entity Name:** EASTERN NATIONAL, CORPORATION

**Current Principal Place of Business:**

470 MARYLAND DRIVE  
SUITE 1  
FORT WASHINGTON, PA 19034

**Current Mailing Address:**

470 MARYLAND DRIVE  
SUITE 1  
FORT WASHINGTON, PA 19034 US

**FEI Number:** 23-1401703

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name YANDELA, DEB  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title DIRECTOR  
Name MCKENDREE, WILLIAM  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title DIRECTOR  
Name SCHROEDER, SUSAN  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title DIRECTOR  
Name SONG, DANIEL  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title DIRECTOR  
Name GABRYS, GERARD  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title DIRECTOR  
Name HARMON, DAVID  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title SECRETARY  
Name SCHULTZ, DUSTY  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title PRESIDENT, CEO  
Name KISSLING, KEVIN  
Address 470 MARYLAND DRIVE  
SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

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*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:** HEIDI A WHITE

**CHIEF FINANCIAL  
OFFICER**

**05/30/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PERRY, HARVEY C. II  
Address        470 MARYLAND DRIVE  
                SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title           CFO  
Name           WHITE, HEIDI A  
Address        470 MARYLAND DRIVE  
                SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034

Title           DIRECTOR  
Name           SCHULTZ, DUSTY  
Address        470 MARYLAND DRIVE  
                SUITE 1  
City-State-Zip: FORT WASHINGTON PA 19034