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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 19428-2203

3. Date Incorporated or Qualified 04/13/1956 3a. Date of Last Report 04/22/1996
4. FEI Number 23-1401703 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
PETERS, KAREN
ENP & MA/CASTILLO DE SAN MARCOS
1 SOUTH CASTILLO DRIVE
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DICKENSON, RUSSELL E	
STREET ADDRESS	4050 120TH AVE., SE	
CITY - ST - ZIP	BELLEVUE WA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOROZ, CHESLEY	
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 PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEATY, LAURA L	
STREET ADDRESS	2019 VIRGINIA AVE	
CITY - ST - ZIP	MCLEAN VA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MINNUCCI, GEORGE J JR	
STREET ADDRESS	612 WALNUT STREET	
CITY - ST - ZIP	LANSDALE 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT L. DESKINS
2.3 STREET ADDRESS	6561 WOODROW ROAD
2.4 CITY - ST - ZIP	LITHONIA GA 30038
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 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED BY: A. MOROZ Date: 4/29/97 Daytime Phone #: (610) 832-0240

CR2E037 (9/96)