

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 810952

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**8504671544CC**

**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	Title	VICE CHAIRMAN OF THE BOARD
Name	SONG, DANIEL	Name	GABRYS, GERARD
Address	470 MARYLAND DRIVE SUITE 1	Address	470 MARYLAND DRIVE SUITE 1
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	DIRECTOR	Title	DIRECTOR
Name	HARMON, DAVID	Name	PERRY, II, HARVEY C.
Address	470 MARYLAND DRIVE SUITE 1	Address	470 MARYLAND DRIVE SUITE 1
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	SECRETARY, DIRECTOR	Title	PRESIDENT/CEO
Name	SCHULTZ, DUSTY	Name	KISSLING, KEVIN
Address	470 MARYLAND DRIVE SUITE 1	Address	470 MARYLAND DRIVE SUITE 1
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	FORT WASHINGTON PA 19034
Title	CFO	Title	CHAIRMAN OF THE BOARD
Name	WHITE, HEIDI A	Name	YANDELA, DEB
Address	470 MARYLAND DRIVE SUITE 1	Address	470 MARYLAND DRIVE SUITE 1
City-State-Zip:	FORT WASHINGTON PA 19034	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:** WHITE, HEIDI A

CFO

02/27/2023

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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