

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 11 1998 8:00am
Secretary of State**

NQNP CORPORATION ANNUAL REPORT 1998		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 446 NORTH LANE CONSHOHOCKEN PA 19428	Mailing Address 446 NORTH LANE CONSHOHOCKEN PA 19428
--	--

3. Date Incorporated or Qualified 04/13/1956		
4. FEI Number 23-1401703	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip Country	28 Zip Country		
24 Zip	25 Country	29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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	4059 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 checked="" type="checkbox"/> DELETE
NAME	UTLEY, ROBERT M	
STREET ADDRESS	446 N LANE	
CITY-ST-ZIP	CONSHOHOCKEN PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESKINS, ROBERT L	
STREET ADDRESS	6561 WOODROW RD.	
CITY-ST-ZIP	LITHONIA GA	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Melody Webb	
1.3 STREET ADDRESS	211 Cassidy Court	
1.4 CITY-ST-ZIP	Georgetown, TX 78628	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mary Bradford	
2.3 STREET ADDRESS	9325 Long Branch Parkway	
2.4 CITY-ST-ZIP	Silver Spring, MD 20901	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Daniel A Jordan	
3.3 STREET ADDRESS	PO Box 316, Route 53	
3.4 CITY-ST-ZIP	Charlottesville, VA 22902	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/23/98 (402)832-0555

CR2E037 (10/97)