


NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 810952	
1. Corporation Name EASTERN NATIONAL PARK & MONUMENT ASSOCIATION	
Mailing Address EASTERN NATIONAL MARYLAND DRIVE #101 FORT WASHINGTON, PA 19034	
Principal Place of Business 448 NORTH LANE CONSHOHOCKEN PA 19061	Mailing Address 448 NORTH LANE CONSHOHOCKEN PA 19428

FILED
99 JUN 17 PM 1:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



21. Principal Place of Business 470 MARYLAND DRIVE	28. Mailing Address 470 MARYLAND DRIVE	3. Date Incorporated or Qualified 04/13/1956
22. Suite, Apt. #, etc. SUITE 1	27. Suite, Apt. #, etc. SUITE 1	4. FEI Number 23-1401703
23. City & State FT WASHINGTON, PA	26. City & State FT WASHINGTON, PA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 19034	29. Zip 19034	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Montgomecy	30. Montgomecy	

9. Name and Address of Current Registered Agent PETERS, KAREN ENP & MAJCASTILLO 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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DICKENSON, RUSSELL E	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4050 120TH AVE., SE		1.2 NAME	
CITY-ST-ZIP BELLEVUE WA		1.3 STREET ADDRESS	
TITLE P	MOROZ, CHESLEY	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 448 NORTH LANE		2.2 NAME	
CITY-ST-ZIP CONSHOHOCKEN PA		2.3 STREET ADDRESS 470 MARYLAND DRIVE, SUITE 1	
TITLE D	JORDAN, DANIEL P	2.4 CITY-ST-ZIP FT. WASHINGTON, PA 19024	
STREET ADDRESS P.O. BOX 316, ROUTE 53		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP CHARLOTTESVILLE VA 22902		3.2 NAME	
TITLE D	DESKINS, ROBERT L	3.3 STREET ADDRESS	
STREET ADDRESS 6561 WOODROW RD.		3.4 CITY-ST-ZIP	
CITY-ST-ZIP LITHONIA GA		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C	MINNUCCI, GEORGE J JR	4.2 NAME	
STREET ADDRESS 812 WALNUT STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP LANSDALE PA		4.4 CITY-ST-ZIP	
TITLE D	SCHOBAR, JERRY L	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 11723 ARBOROAK TERRACE		5.2 NAME	
CITY-ST-ZIP ST. LOUIS MO		5.3 STREET ADDRESS	
		5.4 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/2/99 DAYTIME PHONE: 215-283-1600

CR2E037 (1/98)