

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42378**

1. Entity Name  
**SOCIETY OF ACCREDITED MARINE SURVEYORS,  
INCORPORATED**



Principal Place of Business  
**4605 CARDINAL BLVD  
JACKSONVILLE, FL 32210-1905 US**

Mailing Address  
**4605 CARDINAL BLVD  
JACKSONVILLE, FL 32210-1905 US**



01242007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3084806**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NIGHTINGALE, DOWNING  
3360 LAKESHORE BLVD  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	STAHLER, MARY
STREET ADDRESS	4605 CARDINAL BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	PP
NAME	WOOD, JAMES E
STREET ADDRESS	PO BOX 968
CITY-ST-ZIP	MORRO BAY, CA 93443

TITLE	PP
NAME	NIGHTINGALE, DOWNING
STREET ADDRESS	3360 LAKESHORE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	PD
NAME	LEBLANC, NORMAN
STREET ADDRESS	128 R WATER STREET
CITY-ST-ZIP	DANVERS, MA 01923

TITLE	STD
NAME	GALLUP, GEORGE
STREET ADDRESS	13 SHERMAN TERR
CITY-ST-ZIP	LYNN, MA 019024621

TITLE	EVPD
NAME	SEPEL, GEORGE J
STREET ADDRESS	P.O. BOX 34685
CITY-ST-ZIP	JUNEAU, AK 99803

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03/09/07-80022-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary Stahler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/07 (904) 384-1494  
Date Daytime Phone #