

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90020 042 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GEORGE J. SEPEL
P.O. Box 34685
JUNEAU, AK 99803** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PP
LEBLANC, NORMAN
108 LIBERTY ST -> (106 LIBERTY ST)
DANVERS, MA 01923** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
GALLUP, GEORGE
13 SHERMAN TERR
LYNN MA 01902-4621** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVPD
GALLUP, GEORGE
13 SHERMAN TERRACE
LYNN, MA 01902-4621** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
JOSEPH B. LOBBLEY
1665 WINSLOW MILLS Rd
WALDOBORO, ME 04572** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, Executive Director* *2/11/08 904-384-1494*