

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42378

FILED
Mar 16, 2009
Secretary of State

Entity Name: SOCIETY OF ACCREDITED MARINE SURVEYORS, INCORPORATED

Current Principal Place of Business:

4605 CARDINAL BLVD
JACKSONVILLE, FL 322101905 US

New Principal Place of Business:

Current Mailing Address:

4605 CARDINAL BLVD
JACKSONVILLE, FL 322101905 US

New Mailing Address:

FEI Number: 59-3084806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIGHTINGALE, DOWNING
3360 LAKESHORE BLVD
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAHLER, MARY
Address: 4605 CARDINAL BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PP () Delete
Name: SEPEL, GEORGE
Address: PO BOX 34685
City-St-Zip: JUNEAU, AK 99803

Title: PP () Delete
Name: NIGHTINGALE, DOWNING
Address: 3360 LAKESHORE BLVD.
City-St-Zip: JACKSONVILLE, FL

Title: PD () Delete
Name: NORMAN, LEBLANC
Address: 106 LIBERTY STREET
City-St-Zip: DANVERS, MA 01923

Title: EVPD () Delete
Name: GALLOP, GEORGE
Address: 13 SHERMAN TERR
City-St-Zip: LYNN, MA 019024621

Title: STD () Delete
Name: LOBLEY, JOSEPH
Address: 1665 WINSLOW MILLS RD
City-St-Zip: WALDOBORO, ME 04572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ADVR (X) Change () Addition
Name: STAHLER, MARY
Address: 4605 CARDINAL BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD (X) Change () Addition
Name: SEPEL, GEORGE
Address: PO BOX 34685
City-St-Zip: JUNEAU, AK 99803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: NORMAN, LEBLANC
Address: 106 LIBERTY STREET
City-St-Zip: DANVERS, MA 01923

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY STAHLER

ADVR

03/16/2009

Electronic Signature of Signing Officer or Director

Date