

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42378

FILED  
Jan 21, 2012  
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:**

7855 ARGYLE FOREST BLVD.  
SUITE 203  
JACKSONVILLE, FL 322445730 US

**Current Mailing Address:**

4605 CARDINAL BLVD  
JACKSONVILLE, FL 322101905 US

**New Mailing Address:**

7855 ARGYLE FOREST BLVD.  
SUITE 203  
JACKSONVILLE, FL 322445730 US

**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: MGR  
Name: SHEA, RHEA  
Address: 7855 ARGYLE FOREST BLVD., SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: PP  
Name: GALLUP, GEORGE  
Address: 13 SHERMAN TERRACE  
City-St-Zip: LYNN, MA 01902

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

Title: MVP  
Name: GEORGE, SEPEL  
Address: PO BOX 34685  
City-St-Zip: JUNEAU, AK 99803

Title: VP  
Name: MCLEA, STUART  
Address: 287 LACEWOOD DR., UNIT 103, SUITE 293  
City-St-Zip: HALIFAX, NS B3M 3Y7 CN

Title: P  
Name: LOBLEY, JOSEPH  
Address: 1665 WINSLOW MILLS RD  
City-St-Zip: WALDOBORO, ME 04572

I hereby 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 all other like empowered.

SIGNATURE: RHEA P. SHEA

MGR

01/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date