

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001188

FILED
Jan 31, 2005
Secretary of State

Entity Name: INTERNATIONAL ASSOCIATION OF MARINE INVESTIGATORS, INC.

Current Principal Place of Business:

39 COVE LAKE ROAD
CARRIERE, MS 39426 US

New Principal Place of Business:

Current Mailing Address:

39 COVE LAKE ROAD
CARRIERE, MS 39426 US

New Mailing Address:

FEI Number: 59-3231932 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MACGILLIS, DAVID C
14212 BUCKHORN ROAD
TALLAHASSEE, FL 32312 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: ELLINGSEN, DONALD
Address: 280 DEER PASS EAST
City-St-Zip: HAVANA, FL 32333

Title: TS () Delete
Name: KELLY, KEVIN
Address: 39 COVE LAKE ROAD
City-St-Zip: CARRIERE, MS 39426

Title: V1 () Delete
Name: BEAN, SAM
Address: 475 W STORY ROAD
City-St-Zip: OCOEE, FL 34761

Title: P () Delete
Name: KILBY, KARLTON
Address: 12 WOODMONT CT
City-St-Zip: STAFFORD, VA 22554

Title: V2 () Delete
Name: SMITH, MICHAEL H
Address: 2927 MAIN ST
City-St-Zip: LOHMAN, MO 65053

Title: D () Delete
Name: TALLMAN, WILLIAM
Address: 104 ADRIATIC AVE
City-St-Zip: WARETOWN, NJ 08758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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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 for the exemption stated in Section 119.07(3)(i), 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: KEVIN KELLY

TS

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date