

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F94000005455**

1. Entity Name  
**THE INTERNATIONAL INSTITUTE FOR QUALITY AND  
ETHICS IN SERVICE AND TOURISM LTD., INC.**



Principal Place of Business  
**8755 MISTY CREEK DRIVE  
SARASOTA, FL 34241**

Mailing Address  
**8755 MISTY CREEK DRIVE  
SARASOTA, FL 34241**



01162008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3045352**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

**HALL, STEPHEN S  
8755 MISTY CREEK DRIVE  
SARASOTA, FL 34241**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U000000791517

01/23/08-80078-014-61.25

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GOODMAN, RAY
STREET ADDRESS	P.O. BOX 898
CITY-ST-ZIP	DURHAM, NH 03824
TITLE	S
NAME	HALL, MARJORIE S
STREET ADDRESS	8755 MISTY CREEK DRIVE
CITY-ST-ZIP	SARASOTA, FL 34241
TITLE	D
NAME	KEIM, PETER D
STREET ADDRESS	2085 BEACON HILL WAY
CITY-ST-ZIP	ALPHARETTA, GA 30005
TITLE	D
NAME	GUIBILATO, CERARD
STREET ADDRESS	AV BERNARD HIRSCH 95021 CERGY-PONTOISE
CITY-ST-ZIP	CEDEX FRANCE,
TITLE	D
NAME	BUCHANAN P.H.D., POLLY
STREET ADDRESS	2084 ROOSEVELT HALL
CITY-ST-ZIP	YPSILANTI, MI 48197
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/08

Date

941-926-8755

Daytime Phone #