FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003786 (1)**

1. Corporation Name

NATIONAL INSTITUTE OF ETHICS, INCORPORATED

Principal Place of Business	Mailing Address
950 S WINTER PARK DR SUITE 325 CASSELBERRY FL 32707	950 S WINTER PARK DR SUITE 325 CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1993
3a. Date of Last Report: 06/22/1994
4. FEI Number: 59-3196787 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

	Principal Place of Business	Mailing Address
2. Principal Place of Business / 2a. Mailing Address	21 220 LIVE OAK BLVD.	26
Suite, Apt. #, etc.	22 BUILDING 2	27
City & State	23 CASSELBERRY, FL	28
Zip / Country	24 32707 25 Seminole	29 30

9. Name and Address of Current Registered Agent

TRAUTMAN, NEAL E
950 S WINTER PARK DRIVE
SUITE 325
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 220 Live Oak Blvd Building 2
83 Casselberry, FL 32707
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	TRAUTMAN, NEAL E	12 NAME	
STREET ADDRESS	135 E BAHAMA ROAD	13 STREET ADDRESS	300001485869
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	-05/12/95--01055--025
TITLE	D	21 TITLE	*****77.50 ☒ Change ☐ Addition
NAME	TRAUTMAN, B R	22 NAME	
STREET ADDRESS	135 E BAHAMA ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	TRAUTMAN, JAMES H	32 NAME	
STREET ADDRESS	2906 HARRIET DRIVE	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32712-5814	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JAMES HYNES	42 NAME	
STREET ADDRESS	479 Gran View Avenue	43 STREET ADDRESS	
CITY ST ZIP	Ridgewood, NY 11385	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY-ST-ZIP	

5/10

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: N. Neal Trautman Director, EA Trautman 4/28/95 407-339-5322
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0002005