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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90073 040 \*\*\*\*70.00

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**DOCUMENT # N93000003786**

1. Corporation Name

**NATIONAL INSTITUTE OF ETHICS, INCORPORATED**

161003 - 90073 - 40

Principal Place of Business

1060 W. STATE RD 434  
STE. 164  
LONGWOOD FL 32750  
US

Mailing Address

1060 W. STATE RD 434  
STE. 164  
LONGWOOD FL 32750  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

08/18/1993

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

9. Name and Address of Current Registered Agent

TRAUTMAN, NEAL E  
220 LIVE OAK BLVD  
BUILDING 2  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1060 W. STATE RD 434, Suite 164

83

84 City

Longwood

FL

85 Zip Code

32750

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/8/99

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D  
NAME TRAUTMAN, NEAL E  
STREET ADDRESS 135 E BAHAMA ROAD  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D  
NAME TRAUTMAN, B R  
STREET ADDRESS 135 E BAHAMA ROAD  
CITY-ST-ZIP WINTER SPRINGS FL 32708

TITLE D  
NAME PRESTON, COVEY PH.D.  
STREET ADDRESS 118 BAYARD ST  
CITY-ST-ZIP PITTSBURG PA 15213

TITLE D  
NAME HYNES, JAMES  
STREET ADDRESS 479 GRAN VIEW AVENUE  
CITY-ST-ZIP RIDGEWOOD NY 11385

TITLE D  
NAME FOREST, FRANK PH.D.  
STREET ADDRESS 2828 N ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D  
NAME GIOVINEO, GINA PH.D.RN  
STREET ADDRESS 7727 S.W. 11TH AVENUE  
CITY-ST-ZIP GAINESVILLE FL 32607

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99 407-339-0322

Date

Daytime Phone #

CR2E037 (11/98)