


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27977 (8)**  
1. Corporation Name  
**HOMER HOYT INSTITUTE, INC.**



Principal Place of Business <b>THE HOYT CENTER #300 760 US HWY ONE NORTH PALM BEACH FL 33408</b>	Mailing Address <b>THE HOYT CENTER #300 760 US HWY ONE NORTH PALM BEACH FL 33408-4419</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/30/1990</b>	3a. Date of Last Report <b>04/19/1996</b>
21	22	26	27	4. FEI Number <b>52-6078282</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SELDIN, MAURY THE HOYT CENTER #300 760 US HWY ONE N PALM BCH FL 33408</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>C/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELDIN, MAURY</b>	1.2 NAME	
STREET ADDRESS	<b>5380 N OCEAN DR II-14J</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SINGER ISLAND FL 33404</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSENTHAL, ROBERT D</b>	2.2 NAME	
STREET ADDRESS	<b>9805 HALLOWELL PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAITHERSBURG MD</b>	2.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWARD, THOMAS L.</b>	3.2 NAME	
STREET ADDRESS	<b>801 PENNSYLVANIA AVE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20004</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RACSTER, RONALD L.</b>	4.2 NAME	
STREET ADDRESS	<b>1441C CLIFF COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS OH 43210</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HALBERT C.</b>	5.2 NAME	
STREET ADDRESS	<b>1650 NW 22ND CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL 32805</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOYT, MICHAEL R</b>	6.2 NAME	
STREET ADDRESS	<b>3922 RICKOVER ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SILVER SPRINGS MD 20902</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: **3/11/97** (151) (44-7621)

CR2E037 (9/96)