

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# P27977

Entity Name: HOMER HOYT INSTITUTE, INC.

Current Principal Place of Business:

THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

THE HOYT CENTER
760 US HWY ONE, SUITE 300
NORTH PALM BEACH, FL 33408

Current Mailing Address:

THE HOYT CENTER #300
760 US HWY ONE
NORTH PALM BEACH, FL 33408

New Mailing Address:

THE HOYT CENTER
760 US HWY ONE, SUITE 300
NORTH PALM BEACH, FL 334084424

FEI Number: 52-6078282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACSTER, RONALD L
THE HOYT CENTER, SUITE 300
760 US HWY ONE
N PALM BCH, FL 33408 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: CD () Delete
Name: SELDIN, MAURY,
Address: 370 DATE PALM COURT NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ASD () Delete
Name: HOWARD, THOMAS L.,
Address: 601 13 ST, NW, STE 1000, S, 6TH FLR
City-St-Zip: WASHINGTON, DC 200053807

Title: PTD () Delete
Name: RACSTER, RONALD L.,
Address: 1441C CLIFF COURT
City-St-Zip: COLUMBUS, OH 43210

Title: SD () Delete
Name: SMITH, HALBERT C.,
Address: 432 TURKEY CREEK
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: HOYT, MICHAEL R
Address: 3922 RICKOVER ROAD
City-St-Zip: SILVER SPRINGS, MD 20902

Title: VAT () Delete
Name: DONOHUE, RON M
Address: 6372 143RD ST
City-St-Zip: PBG, FL 33418

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:
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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: RON M DONOHUE

VAT

03/23/2005

Electronic Signature of Signing Officer or Director

_____ Date