


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90149 040 \*\*\*\*61.25

<b>DOCUMENT # P27977</b> 1. Entity Name <b>HOMER HOYT INSTITUTE, INC.</b>	
---	---

Principal Place of Business <b>THE HOYT CENTER 760 US HWY ONE, SUITE 300 NORTH PALM BEACH, FL 33408</b>	Mailing Address <b>THE HOYT CENTER 760 US HWY ONE, SUITE 300 NORTH PALM BEACH, FL 33408-4424</b>
--	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>52-6078282</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>RACSTER, RONALD L THE HOYT CENTER, SUITE 300 760 US HWY ONE N PALM BCH, FL 33408</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
---	--

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	--Make check payable to-- <b>Florida Department of State</b>
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE	DC <input type="checkbox"/> Delete
NAME	SELDIN, MAURY
STREET ADDRESS	4737 ROYAL PALM CIRCLE NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33703
TITLE	ASD <input type="checkbox"/> Delete
NAME	HOWARD, THOMAS L ESQ
STREET ADDRESS	601 13 ST, NW, STE 1000, S, 6TH FLR
CITY-ST-ZIP	WASHINGTON, DC 200053807
TITLE	PTD <input type="checkbox"/> Delete
NAME	RACSTER, RONALD L
STREET ADDRESS	1441C CLIFF COURT
CITY-ST-ZIP	COLUMBUS, OH 43210
TITLE	SD <input type="checkbox"/> Delete
NAME	SMITH, HALBERT C
STREET ADDRESS	432 TURKEY CREEK
CITY-ST-ZIP	ALACHUA, FL 32615
TITLE	D <input type="checkbox"/> Delete
NAME	HOYT, MICHAEL R
STREET ADDRESS	3922 RICKOVER ROAD
CITY-ST-ZIP	SILVER SPRINGS, MD 20902
TITLE	VATD <input type="checkbox"/> Delete
NAME	DONOHUE, RON M
STREET ADDRESS	6372 143RD ST
CITY-ST-ZIP	PBG, FL 33418

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISHER, JEFFREY D.
STREET ADDRESS	3310 GOSPORT COURT
CITY-ST-ZIP	BLOOMINGTON, IN 47401
TITLE	D VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, NORMAN G.
STREET ADDRESS	1624 MALDEN ST.
CITY-ST-ZIP	SAN DIEGO, CA 92109
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Ron M. Donohue **RON M. DONOHUE** 4/23/08 561-694-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #