

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27977

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: HOMER HOYT INSTITUTE, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

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

## Current Mailing Address:

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

## New Mailing Address:

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: DC ( ) Delete  
Name: SELDIN, MAURY  
Address: 4737 ROYAL PALM CIRCLE NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: ASD ( ) Delete  
Name: HOWARD, THOMAS L ESQ  
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: VATD ( ) 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  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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 exemption stated 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 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

VATD

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date