

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000014278

**Entity Name:** THOMAS D. AND PATSY K. HOSMAN FAMILY FOUNDATION, INC.

**FILED**  
**Feb 12, 2024**  
**Secretary of State**  
**8753881012CC**

**Current Principal Place of Business:**

2065 PANAMA BLVD.  
ENGLEWOOD, FL 34224

**Current Mailing Address:**

2065 PANAMA BLVD  
ENGLEWOOD, FL 34224 US

**FEI Number: 87-4042732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOSMAN, THOMAS D  
2065 PANAMA BLVD.  
ENGLEWOOD, FL 34224 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER, DIRECTOR  
Name            HOSMAN, THOMAS D  
Address        2065 PANAMA BLVD.  
City-State-Zip: ENGLEWOOD FL 34224

Title            VP, SECRETARY, DIRECTOR  
Name            HOSMAN, PATSY K  
Address        2065 PANAMA BLVD.  
City-State-Zip: ENGLEWOOD FL 34224

Title            DIRECTOR  
Name            HOSMAN, CAROLINE  
Address        2706 LINCOLN ST.  
City-State-Zip: EVANSTON IL 60201

*I hereby 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 all other like empowered.*

SIGNATURE: THOMAS HOSMAN

PRESIDENT

02/12/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date