

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P27977

**FILED**  
**Mar 07, 2016**  
**Secretary of State**  
**CC3080044308**

**Entity Name:** HOMER HOYT INSTITUTE, INC.

**Current Principal Place of Business:**

THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408-4424

**Current Mailing Address:**

THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408-4424 US

**FEI Number:** 52-6078282

**Certificate of Status Desired:** No

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

DONOHUE, RON M DR.  
THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
NORTH PALM BEACH, FL 33408-4424 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:** RON M DONOHUE

03/07/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY, DIRECTOR  
Name HOWARD, THOMAS L ESQ.  
Address THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
City-State-Zip: NORTH PALM BEACH FL 33408-4424

Title DIRECTOR  
Name HOYT, MICHAEL R  
Address 3922 RICKOVER ROAD  
City-State-Zip: SILVER SPRINGS MD 20902-2329

Title EVP, TREASURER, DIRECTOR  
Name DONOHUE, RON M DR.  
Address THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
City-State-Zip: NORTH PALM BEACH FL 33408-4424

Title CHAIRMAN, PRESIDENT, DIRECTOR  
Name FISHER, JEFFREY D DR.  
Address THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
City-State-Zip: NORTH PALM BEACH FL 33408-4424

Title ASST. TREASURER, VP, SECRETARY,  
DIRECTOR  
Name MILLER, NORMAN G DR.  
Address THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
City-State-Zip: NORTH PALM BEACH FL 33408-4424

Title DIRECTOR  
Name KOHLHEPP, DANIEL B. DR.  
Address THE HOYT CENTER  
760 US HWY ONE, SUITE 300  
City-State-Zip: NORTH PALM BEACH FL 33408-4424

*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:** RON M. DONOHUE

TREASURER

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date