

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27977

**FILED
Mar 20, 2017
Secretary of State
CC6115157617**

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

03/20/2017

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: DONOHUE , RON M , DR.

EVP

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date