

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000006008 (5)**

1. Corporation Name  
**THE TALCOTT FAMILY FOUNDATION, INC.**



Principal Place of Business      Mailing Address  
**2126 PLATINUM DR.  
SUN CITY CENTER FL 33573**      **2126 PLATINUM DR.  
SUN CITY CENTER FL 33573**

3. Date Incorporated or Qualified <b>12/21/1995</b>	3a. Date of Last Report
4. FEI Number <b>54-3352732</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>TALCOTT, CHARLES W 2126 PLATINUM DR. SUN CITY CENTER FL 33573</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and firm (applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALCOTT, CHARLES W</b>	12 NAME	
STREET ADDRESS	<b>2126 PLATINUM DR.</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	14 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALCOTT, CATHERINE A</b>	22 NAME	
STREET ADDRESS	<b>2126 PLATINUM DR.</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALCOTT, JEFFREY T</b>	32 NAME	
STREET ADDRESS	<b>RT. 1, BOX 311, FOUTH ST.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>HANCOCK MI 49930</b>	34 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TALCOTT, WILLIAM W</b>	42 NAME	
STREET ADDRESS	<b>32808 MERRITT</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTLAND MI 48185</b>	44 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, REBECCA J</b>	52 NAME	
STREET ADDRESS	<b>7932 BUTTERFIELD DR.</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>ELKRIDGE MD 21227</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Talcott, Pres. DATE: MAR 27, 1996 813-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 634-2226  
CHARLES W. TALCOTT, PRES. Daytime Phone #

CR2E037 (12/95)