

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N95000006008 (5)**  
 1. Corporation Name  
**THE TALCOTT FAMILY FOUNDATION, INC.**



Principal Place of Business <b>2126 PLATINUM DR. SUN CITY CENTER FL 33573</b>	Mailing Address <b>2126 PLATINUM DR. SUN CITY CENTER FL 33573</b>
--	--

3. Date Incorporated or Qualified  
**12/21/1995**

4. FEI Number  
**59-3352732**

Applied For	Not Applicable
-------------	----------------

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

6. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**TALCOTT, CHARLES W  
 2126 PLATINUM DR.  
 SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD TALCOTT, CHARLES W 2126 PLATINUM DR. SUN CITY CENTER FL 33573	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD TALCOTT, CATHERINE A 2126 PLATINUM DR. SUN CITY CENTER FL 33573	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TALCOTT, JEFFREY T RT. 1, BOX 311, FOUTH ST. HANCOCK MI 49930	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TALCOTT, WILLIAM W 32808 MERRITT WESTLAND MI 48185	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COOPER, REBECCA J 7932 BUTTERFIELD DR. ELKRIDGE MD 21227	5.1 TITLE	D
NAME		5.2 NAME	COOPER, REBECCA J
STREET ADDRESS		5.3 STREET ADDRESS	6410 ONWARD TRAIL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLARKSVILLE, MD 21029
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD TALCOTT, CHARLES W 2126 PLATINUM DR. SUN CITY CENTER FL 33573	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD TALCOTT, CATHERINE A 2126 PLATINUM DR. SUN CITY CENTER FL 33573	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D TALCOTT, JEFFREY T RT. 1, BOX 311, FOUTH ST. HANCOCK MI 49930	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TALCOTT, WILLIAM W 32808 MERRITT WESTLAND MI 48185	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D COOPER, REBECCA J 7932 BUTTERFIELD DR. ELKRIDGE MD 21227	5.1 TITLE	D
NAME		5.2 NAME	COOPER, REBECCA J
STREET ADDRESS		5.3 STREET ADDRESS	6410 ONWARD TRAIL
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CLARKSVILLE, MD 21029
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 FEB 23, 1998 813-634-2226  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017451

CFR2037 (10/97)