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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000006008

1. Corporation Name

THE TALCOTT FAMILY FOUNDATION, INC.

Principal Place of Business

2126 PLATINUM DR.
 SUN CITY CENTER FL 33573

Mailing Address

2126 PLATINUM DR.
 SUN CITY CENTER FL 33573



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/21/1995

4. FEI Number

59-3352732

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME DELETE

PTD
 NAME TALCOTT, CHARLES W
 STREET ADDRESS 2126 PLATINUM DR.
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE NAME DELETE

SD
 NAME TALCOTT, CATHERINE A
 STREET ADDRESS 2126 PLATINUM DR.
 CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE NAME DELETE

D
 NAME TALCOTT, JEFFREY T
 STREET ADDRESS RT. 1, BOX 311, FOUTH ST.
 CITY-ST-ZIP HANCOCK MI 49930

TITLE NAME DELETE

D
 NAME TALCOTT, WILLIAM W
 STREET ADDRESS 32808 MERRITT
 CITY-ST-ZIP WESTLAND MI 48185

TITLE NAME DELETE

D
 NAME COOPER, REBECCA J
 STREET ADDRESS 6410 PMWARD TRAIL
 CITY-ST-ZIP CLARKSVILLE MD 21029

TITLE NAME DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

COOPER, REBECCA J
 6410 ONWARD TRAIL
 CLARKSVILLE, MD 21029

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 21, 1999 813-634-2226
 Date Daytime Phone #

CR2E037 (11/98)