

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90032 039 \*\*\*\*61.25

**DOCUMENT # N95000006008**  
 1. Entity 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



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: 59-3352732 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2004** | 9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees | **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PTD NAME: TALCOTT, CHARLES W STREET ADDRESS: 2126 PLATINUM DR. CITY-ST-ZIP: SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: TALCOTT, CATHERINE A STREET ADDRESS: 2126 PLATINUM DR. CITY-ST-ZIP: SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TALCOTT, JEFFREY T STREET ADDRESS: RT. 1, BOX 311, FOURTH ST. CITY-ST-ZIP: HANCOCK MI 49930	<input type="checkbox"/> Delete	TITLE: _____ NAME: TALCOTT, JEFFREY T. STREET ADDRESS: 50617 FOURTH ST. CITY-ST-ZIP: HANCOCK, MI 49930	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TALCOTT, WILLIAM W STREET ADDRESS: 32808 MERRITT CITY-ST-ZIP: WESTLAND MI 48185	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: COOPER, REBECCA J STREET ADDRESS: 6410 ONWARD TR CITY-ST-ZIP: CLARKSVILLE MD 21029	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Charles W. Talcott*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:** CHARLES W. TALCOTT  
 Date: MAR. 3 2004 Daytime Phone #: 813 634-2226