


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N95000006068 1. Entity 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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
		4. FEI Number 59-3352732		
		Applied For <input type="checkbox"/> Not Applicable		
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
TALCOTT, CHARLES W 2126 PLATINUM DR. SUN CITY CENTER FL 33573		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		DATE		
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TALCOTT, CHARLES W 2126 PLATINUM DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE	SD TALCOTT, CATHERINE A 2126 PLATINUM DR. SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE	D TALCOTT, JEFFREY T 50617 FOURTH ST HANCOCK MI 49930	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE	D TALCOTT, WILLIAM W 32808 MERRITT WESTLAND MI 48185	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE	D COOPER, REBECCA J 6410 ONWARD TR CLARKSVILLE MD 21029	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY - ST - ZIP			CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Charles W. Talcott</i>		Date: <i>FEB 17 2005</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>813-634-2226</i>		



1st MOORE CR2E037 (10/04)

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