


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # N9500006008 1. Entity Name THE TALCOTT FAMILY FOUNDATION, INC.	
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Principal Place of Business 2126 PLATINUM DR. SUN CITY CENTER FL 33573	Mailing Address 2126 PLATINUM DR. SUN CITY CENTER FL 33573
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

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 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
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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, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTD <input type="checkbox"/> Delete	TITLE	1100000656416 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/14/07-80024-017 61.25
NAME	TALCOTT, CHARLES W	NAME	
STREET ADDRESS	2126 PLATINUM DR.	STREET ADDRESS	
CITY-STATE-ZIP	SUN CITY CENTER FL 33573	CITY-STATE-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALCOTT, CATHERINE A	NAME	
STREET ADDRESS	2126 PLATINUM DR.	STREET ADDRESS	
CITY-STATE-ZIP	SUN CITY CENTER FL 33573	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALCOTT, JEFFREY T	NAME	
STREET ADDRESS	50817 FOURTH ST	STREET ADDRESS	
CITY-STATE-ZIP	HANCOCK MI 49930	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALCOTT, WILLIAM W	NAME	
STREET ADDRESS	32808 MERRITT	STREET ADDRESS	
CITY-STATE-ZIP	WESTLAND MI 48185	CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, REBECCA J	NAME	
STREET ADDRESS	6410 ONWARD TR	STREET ADDRESS	
CITY-STATE-ZIP	CLARKSVILLE MD 21029	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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, DFC Date: MAR 3, 2007 Display Phone # 813 634-2226