


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N9500006008
 1. Entity Name
THE TALCOTT FAMILY FOUNDATION, INC.



Principal Place of Business Mailing Address
2126 PLATINUM DR. **2126 PLATINUM DR.**
SUN CITY CENTER FL 33573 **SUN CITY CENTER FL 33573**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/07)
 4. FEI Number Applied For
59-3352732 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 re-registering) DATE _____

FILE NOW FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	TALCOTT, CHARLES W	
STREET ADDRESS	2126 PLATINUM DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TALCOTT, CATHERINE A	
STREET ADDRESS	2126 PLATINUM DR.	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALCOTT, JEFFREY T	
STREET ADDRESS	50617 FOURTH ST	
CITY-ST-ZIP	HANCOCK MI 49930	
TITLE	D	<input type="checkbox"/> Delete
NAME	TALCOTT, WILLIAM W	
STREET ADDRESS	32808 MERRITT	
CITY-ST-ZIP	WESTLAND MI 48185	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, REBECCA J	
STREET ADDRESS	6410 ONWARD TR	
CITY-ST-ZIP	CLARKSVILLE MD 21029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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*
CHARLES W. TALCOTT 2/15/08 813-634-2226