

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006008

FILED
Jan 26, 2009
Secretary of State

Entity Name: THE TALCOTT FAMILY FOUNDATION, INC.

Current Principal Place of Business:

2126 PLATINUM DR.
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

2126 PLATINUM DR.
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-3352732 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TALCOTT, CHARLES W
2126 PLATINUM DR.
SUN CITY CENTER, FL 33573 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: TALCOTT, CHARLES W
Address: 2126 PLATINUM DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: TALCOTT, CATHERINE A
Address: 2126 PLATINUM DR.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D () Delete
Name: TALCOTT, JEFFREY T
Address: 50617 FOURTH ST
City-St-Zip: HANCOCK, MI 49930

Title: D () Delete
Name: TALCOTT, WILLIAM W
Address: 32808 MERRITT
City-St-Zip: WESTLAND, MI 48185

Title: D () Delete
Name: COOPER, REBECCA J
Address: 6410 ONWARD TR
City-St-Zip: CLARKSVILLE, MD 21029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLESW.TALCOTT

Electronic Signature of Signing Officer or Director

PRES

01/26/2009

_____ Date