

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000006008

**FILED**  
**Feb 13, 2015**  
**Secretary of State**  
**CC3095812517**

**Entity Name:** THE TALCOTT FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

2126 PLATINUM DR.  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

2126 PLATINUM DR.  
SUN CITY CENTER, FL 33573

**FEI Number: 59-3352732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

Title           D  
Name           TALCOTT, JEFFREY T  
Address        50617 FOURTH ST  
City-State-Zip: HANCOCK MI 49930

Title           D  
Name           TALCOTT, WILLIAM W  
Address        3150 MORCHESTER LANE  
City-State-Zip: NORTH PORT FL 34286

Title           D  
Name           COOPER, REBECCA J  
Address        6410 ONWARD TR  
City-State-Zip: CLARKSVILLE MD 21029

*I hereby 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 all other like empowered.*

**SIGNATURE: CHARLES W. TALCOTT**

**PRESIDENT**

**02/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date