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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735123

1. Corporation Name

THRESHOLD, INC.

Principal Place of Business
3550 NORTH GOLDENROD ROAD
PO BOX 1110
GOLDENROD FL 32733

Mailing Address
3550 NORTH GOLDENROD ROAD
PO BOX 1110
GOLDENROD FL 32733



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/04/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1674609	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

WILLARD, TEENA B
4000 N CHICKASAW TRAIL
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	CLAYBOURNE, KAY		
STREET ADDRESS	15 N. SOLANDRA		
CITY-ST-ZIP	ORLANDO FL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	WILLARD, TEENA B		
STREET ADDRESS	4000 N. CHICKASAW TRAIL		
CITY-ST-ZIP	ORLANDO FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	EICHLER-MORGAN, JUDY		
STREET ADDRESS	7514 SAVANNAH GRAND AVE		
CITY-ST-ZIP	WINTER PARK FL 32792		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	MARY, BOYLES		
STREET ADDRESS	2926 COTTAGE GROVE CT.		
CITY-ST-ZIP	ORLANDO FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	PROUTY, SALLY		
STREET ADDRESS	31545 TERRACE DRIVE		
CITY-ST-ZIP	TAVARES FL 32778		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	WRIGHT, FRANK P		
STREET ADDRESS	12790 MERIT DR STE 616		
CITY-ST-ZIP	DALLAS TX		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Sarah Willard, M.D.		
1.3 STREET ADDRESS	31 W. Columbia St. Suite 2		
1.4 CITY-ST-ZIP	Orlando, FL 32806		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Dick Haury		
2.3 STREET ADDRESS	1818 Espanola Dr.		
2.4 CITY-ST-ZIP	Orlando, FL 32804		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	Mark Terry		
3.3 STREET ADDRESS	100 S. Orange Ave. Suite 1000		
3.4 CITY-ST-ZIP	Orlando, FL 32801		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-30-99

407-671-7060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)