

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735123

FILED
Feb 09, 2006
Secretary of State

Entity Name: THRESHOLD, INC.

Current Principal Place of Business:

3550 NORTH GOLDENROD ROAD
PO BOX 1110
GOLDENROD, FL 32733

New Principal Place of Business:

Current Mailing Address:

3550 NORTH GOLDENROD ROAD
PO BOX 1110
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-1674609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLARD, TEENA B
PO BOX 134
GOLDENROD, FL 32733 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: D () Delete
Name: WRIGHT, FRANK H
Address: 3529 NANCY COURT
City-St-Zip: PLANO, TX 75023

Title: CD () Delete
Name: WILLARD, TEENA B,
Address: PO BOX 134
City-St-Zip: GOLDENROD, FL 32733

Title: SD () Delete
Name: WRIGHT, ROBERT E PH.D.
Address: PO BOX 134
City-St-Zip: GOLDENROD, FL 32733

Title: D () Delete
Name: WILLARD, MD, SARAH
Address: 31 W COLUMBIA ST STE 2
City-St-Zip: ORLANDO, FL 32806

Title: PD () Delete
Name: HAURY, DICK
Address: 1818 ESPANOLA DR
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: TERRY, MARK
Address: 100 S ORANGE AVE STE 1000
City-St-Zip: ORLANDO, FL 32801

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
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City-St-Zip:

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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 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: DR. ROBERT WRIGHT

CEO

02/09/2006

Electronic Signature of Signing Officer or Director

Date