

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90040 030 \*\*\*\*70.00

**DOCUMENT # 735123**

1. Entity Name  
**THRESHOLD, INC.**



**40007243**



01052007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #  
**3550 N. Goldenrod Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**3550 N. Goldenrod Rd**  
Suite, Apt. #, etc.

City & State  
**Winter Park, FL**  
Zip  
**32792**  
Country  
**USA**

City & State  
**Winter Park, FL**  
Zip  
**32792**  
Country  
**USA**

4. FEI Number  
**59-1674609**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WILLARD, TEENA B  
PO BOX 134  
GOLDENROD, FL 32733**

**7. Name and Address of New Registered Agent**

Name **ROBERT E. WRIGHT, PH.D., RN**

Street Address (P.O. Box Number is Not Acceptable)  
**3550 N. Goldenrod Road**

City **Winter Park** FL Zip Code **32792**

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

*Robert E. Wright*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/05/2007**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

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 **D** ☐ Delete  
NAME **WRIGHT, FRANK H**  
STREET ADDRESS **3529 NANCY COURT**  
CITY-ST-ZIP **PLANO, TX 75023**

TITLE **CD** ☐ Delete  
NAME **WILLARD, TEENA B**  
STREET ADDRESS **PO BOX 134**  
CITY-ST-ZIP **GOLDENROD, FL 32733**

TITLE **SD** ☐ Delete  
NAME **WRIGHT, ROBERT E PH.D.**  
STREET ADDRESS **PO BOX 134**  
CITY-ST-ZIP **GOLDENROD, FL 32733**

TITLE **D** ☐ Delete  
NAME **WILLARD, MD, SARAH**  
STREET ADDRESS **31 W COLUMBIA ST STE 2**  
CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE **PD** ☐ Delete  
NAME **HAURY, DICK**  
STREET ADDRESS **1818 ESPANOLA DR**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **D** ☐ Delete  
NAME **TERRY, MARK**  
STREET ADDRESS **100 S ORANGE AVE STE 1000**  
CITY-ST-ZIP **ORLANDO, FL 32801**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **Treasurer** ☐ Change ☒ Addit  
NAME **Phillip Y. Edwards**  
STREET ADDRESS **1818 Espanola Dr.**  
CITY-ST-ZIP **ORLANDO, FL 32804**

TITLE **D** ☐ Change ☒ Addit  
NAME **Kim Yee, M.D.**  
STREET ADDRESS **3550 N. Goldenrod Rd.**  
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE **D.** ☐ Change ☒ Addit  
NAME **James L. Dennis, Esq**  
STREET ADDRESS **3550 N. Goldenrod Rd**  
CITY-ST-ZIP **Winter Park, FL 32792**

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addit  
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 Chapter 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Robert E. Wright*