2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2009
Secretary of State

DOCUMENT# 735123

Entity Name: THRESHOLD, INC.

Current Principal Place of Business:

3550 NORTH GOLDENROD ROAD
GOLDENROD, FL 32733

New Principal Place of Business:

Current Mailing Address:

3550 NORTH GOLDENROD ROAD
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-1674609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, ROBERT E PH.D.
3550 N. GOLDENROD RD
WINTER PARK, FL 32792 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:	D	( ) Delete
Name:	WILLARD, NORMA M	
Address:	PO BOX 134	
City-St-Zip:	GOLDENROD, FL 32733	
Title:	SD	( ) Delete
Name:	WRIGHT, ROBERT E PH.D.	
Address:	8349 AMBER OAK DRIVE	
City-St-Zip:	ORLANDO, FL 32817	
Title:	D	( ) Delete
Name:	WILLARD, SARAH C MD	
Address:	1801 BELLVUE DRIVE	
City-St-Zip:	ORLANDO, FL 32806	
Title:	PD	( ) Delete
Name:	HAURY, DICK	
Address:	1818 ESPANOLA DR	
City-St-Zip:	ORLANDO, FL 32804	
Title:	CD	( ) 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
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: ROBERT E. WRIGHT SD 06/15/2009

Electronic Signature of Signing Officer or Director — Date