


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90060 018 ****70.00

DOCUMENT # N16093
 1. Entity Name
MCCOSKRIE/THRESHOLD FOUNDATION, INC.



Principal Place of Business Mailing Address
~~25 MIRACLE STRIP PARKWAY SE~~ ~~25 MIRACLE STRIP PARKWAY SE~~
~~C/O HARRY C. ADERHOLT~~ ~~C/O HARRY C. ADERHOLT~~
~~FT. WALTON BEACH FL 32548~~ ~~FT. WALTON BEACH FL 32548~~

94013100



MOORE CR2E037 (11/03)

2. Principal Place of Business P.O. BOX 67
 3. Mailing Address P.O. BOX 67
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Mary Esther, Florida
 City & State Mary Esther, Florida

4. FEI Number 59-2755196
 Applied For Not Applicable

Zip 32569 Country
 Zip 32569 Country

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

6. Name and Address of Current Registered Agent
ADERHOLT, HARRY C.
25 MIRACLE STRIP PARKWAY SE
FT. WALTON BEACH FL 32548

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ADERHOLT, HARRY C 23 MIRACLE STRIP PKWY FT WALTON BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BAILEY JOYCE 114 TROY CIRCLE FT. WALTON BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUTZ, ROLAND H. 707 CRESTWOOD ST. MARY ESTHER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GROVE, JOHN W 1 LAKESIDE CT FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERON, RICHARD P 530 GULF SHORE DR 3871 Indian Trail DESTIN FL 32541 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMBOGNA, FELIX 721 OVERBROOK DR. FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert A. Downs 161 Homewood Dr. Ft. Walton Beach, FL 32548 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report is 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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Richard P. Geron, Treas. 17 Feb 04 (850) 654 1834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #