

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90059 025 ****70.00

DOCUMENT # N16093

1. Entity Name
MCCOSKRIE/THRESHOLD FOUNDATION, INC.



Principal Place of Business
**C/O HARRY C ADERHOLT
P.O. BOX 67
MARY ESTHER, FL 32569**

Mailing Address
**C/O HARRY C ADERHOLT
P.O. BOX 67
MARY ESTHER, FL 32569**

50006454



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2755196

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADERHOLT, HARRY C.
25 MIRACLE STRIP PARKWAY SE
FT. WALTON BEACH, FL 32548**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ADERHOLT, HARRY C
STREET ADDRESS 23 MIRACLE STRIP PKWY
CITY-ST-ZIP FT WALTON BCH, FL

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

TITLE D ☐ Delete
NAME DOWNS, ROBERT A
STREET ADDRESS 161 HOMEWOOD DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE VTD ☐ Delete
NAME LUTZ, ROLAND H.
STREET ADDRESS 707 CRESTWOOD ST.
CITY-ST-ZIP MARY ESTHER, FL

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

TITLE VP ☐ Delete
NAME GROVE, JOHN W
STREET ADDRESS 1 LAKESIDE CT
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

TITLE ST ☐ Delete
NAME GERON, RICHARD P
STREET ADDRESS 3871 INDIAN TRAIL
CITY-ST-ZIP DESTIN, FL 32541

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

TITLE D ☐ Delete
NAME SAMBOGNA, FELIX
STREET ADDRESS 721 OVERBROOK DR.
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

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

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 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 if changed, or on an attachment with an address and all other like empowered.

SIGNATURE: **RICHARD P. GERON** Sec/Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 JAN 05 (850) 6541834
Date Daytime Phone #