2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # N16093

1. Entity Name
MCCOSKRIE/THRESHOLD FOUNDATION, INC.

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

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01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2755196

☐ Applied For
☐ Not Applicable

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

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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)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADERHOLT, HARRY C
STREET ADDRESS	23 MIRACLE STRIP PKWY
CITY-ST-ZIP	FT WALTON BCH, FL
TITLE	D
NAME	DOWNS, ROBERT A
STREET ADDRESS	161 HOMEWOOD DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	VTD
NAME	LUTZ, ROLAND H.
STREET ADDRESS	707 CRESTWOOD ST.
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	VP
NAME	GROVE, JOHN W
STREET ADDRESS	1 LAKESIDE CT
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	ST
NAME	GERON, RICHARD P
STREET ADDRESS	3871 INDIAN TRAIL
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D
NAME	SAMBOGNA, FELIX
STREET ADDRESS	721 OVERBROOK DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548

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02/09/06-80019-016 70.00

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

SIGNATURE: Richard P. Geron RICHARD P. GERON 19 JAN 06 (850)6541834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #