


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-31-2007 90045 006 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 ADERHOLT, HARRY C. Street Address (P.O. Box Number is Not Acceptable) 200 W. HWY 98, APT. 802 City FT. WALTON BEACH FL Zip Code 32548		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$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 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 W. HWY 98, APT. 802	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWNS, ROBERT A 161 HOMEWOOD DR FORT WALTON BEACH, FL 32548 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D CONNORS, JOHN S 70 LINWOOD RD. FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUTZ, ROLAND H. 707 CRESTWOOD ST. MARY ESTHER, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WHITE, ROBERT H. 1 LAKEVIEW DRIVE, ROUTE 3 MARY ESTHER, FL 32569	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GERON, RICHARD P 3871 INDIAN TRAIL DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ST SLUSCHEWSKI, TEOFIL 756 TONESS WAY FORT WALTON BEACH, FL 32547	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMBOGNA, FELIX 721 OVERBROOK DR. FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete		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 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: TEOFIL Sluschewski TEOFIL SLUSCHEWSKI 1/28/07 850-862-4374 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					

40007471



01272007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

Name
ADERHOLT, HARRY C.

Street Address (P.O. Box Number is Not Acceptable)

200 W. HWY 98, APT. 802

City FT. WALTON BEACH FL Zip Code 32548

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
200 W. HWY 98, APT. 802

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
D
CONNORS, JOHN S
70 LINWOOD RD.
FORT WALTON BEACH, FL 32547

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
D
WHITE, ROBERT H.
1 LAKEVIEW DRIVE, ROUTE 3
MARY ESTHER, FL 32569

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
ST
SLUSCHEWSKI, TEOFIL
756 TONESS WAY
FORT WALTON BEACH, FL 32547

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

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

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SIGNATURE: TEOFIL Sluschewski **TEOFIL SLUSCHEWSKI** 1/28/07 850-862-4374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #