

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90025 038 ****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

DO NOT WRITE IN THIS SPACE

40011000



01162008 No Chg-NP CR2E037 (4/06)

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

ADERHOLT, HARRY C.
200 W. HWY 98 APT. 802
FT. WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 | 200 W. HWY. 98 APT. 802 |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 |
| TITLE | D |
| NAME | CONNORS, JOHN S |
| STREET ADDRESS | 70 LINWOOD RD |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | D |
| NAME | WHITE, ROBERT H |
| STREET ADDRESS | 1 LAKEVIEW DR. RT. 3 |
| CITY-ST-ZIP | MARY ESTHER, FL 32569 |
| TITLE | VP |
| NAME | GROVE, JOHN W |
| STREET ADDRESS | 1 LAKESIDE CT |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 |
| TITLE | ST |
| NAME | SLUSCHEWSKI, TEOFIL |
| STREET ADDRESS | 756 TONESS WAY |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32547 |
| TITLE | D |
| NAME | SAMBOGNA, FELIX |
| STREET ADDRESS | 721 OVERBROOK DR. |
| CITY-ST-ZIP | FORT WALTON BEACH, FL 32548 |

**DO NOT WRITE
IN THIS SPACE**

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, SEC/TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/08
Date

850-862-4374
Daytime Phone #