

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16093

FILED
Feb 01, 2012
Secretary of State

Entity Name: MCCOSKRIE/THRESHOLD FOUNDATION, INC.

Current Principal Place of Business:

2502 HIGHWAY 98 W
MARY ESTHER, FL 32569

New Principal Place of Business:

2502 W HIGHWAY 98
MARY ESTHER, FL 32569

Current Mailing Address:

P.O. BOX 67
MARY ESTHER, FL 32569

New Mailing Address:

PO BOX 67
MARY ESTHER, FL 32569

FEI Number: 59-2755196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, ROBERT H
1 LAKEVIEW DR, ROUTE 3
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: WHITE, ROBERT H
Address: 1 LAKEVIEW DRIVE, ROUTE 3
City-St-Zip: MARY ESTHER, FL 32569

Title: D
Name: CONNELLY, STEVE
Address: 2417 PALM HARBOR DR
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: SECR
Name: SAMBOGNA, FELIX SECRETA
Address: 721 OVERBROOK DR.
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: TREA
Name: SLUSCHEWSKI, TEOFIL
Address: 756 TONESS WAY
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D
Name: CONNORS, JOHN S
Address: 70 LINWOOD ROAD
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D
Name: FREEMAN, DAVID
Address: 531 DOLPHIN AVE
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FELIX SAMBOGNA

SECR

02/01/2012

Electronic Signature of Signing Officer or Director

Date