

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90138 016 \*\*\*\*70.00

**DOCUMENT # N16093**

1. Entity Name

**MCCOSKRIE/THRESHOLD FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

**60002400**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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  
☐ Delete

**PD  
ADERHOLT, HARRY C  
23 MIRACLE STRIP PKWY  
FT WALTON BCH FL**

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

**Dir  
SAMBAGNA, FELIX L.  
721 OVERBROOK DR.  
FT. WALTON BEACH, FL 32548**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**VSD  
BAILEY JOYCE  
114 TROY CIRCLE  
FT. WALTON BEACH FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**VTD  
LUTZ, ROLAND H.  
707 CRESTWOOD ST.  
MARY ESTHER FL**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**VP  
GROVE, JOHN W  
1 LAKESIDE CT  
FORT WALTON BEACH FL 32548**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**ST  
GERON, RICHARD P  
930 GULFSHORE DR #8  
DESTIN FL 32541**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 with all other like empowered.

SIGNATURE:

*Richard P. Geron*  
**RICHARD P. GERON**

**6 JAN 03**

**(850)6541834**

CR2E037 (10/02)