


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90031 034 ****61.25

DOCUMENT # N01000001870

1. Entity Name
 GREAT KIDS EXPLORER CLUB, INC.



Principal Place of Business
 PO BOX 2615
 ORMOND BEACH, FL 32175-2615 US

Mailing Address
 PO BOX 2615
 ORMOND BEACH, FL 32175-2615 US



2. Principal Place of Business
 50 South Yonge St.
 Suite, Apt. #, etc.
 # 5
 City & State
 Ormond Beach, FL

3. Mailing Address
 Suite, Apt. #, etc.

02162005 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3705879

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country
 32174 U.S.A.

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
 150 MAGNOLIA AVE
 DAYTONA BEACH, FL 32115-2491

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

Filing Fee is \$61.25 Due by May 1, 2005

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	O JUDY, MONACO T 136 RIVER BLUFF ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O FREMAUX, CARL 1 JOHN ANDERSON DRIVE APT 513 ORMOND BEACH, FL 321765789 <input checked="" 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	D GRADOLF, CYNTHIA T 47 CRESTWOOD DIRCLE ORMOND BEACH, FL 321743904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 14 Oakmont Cir. Ormond Beach, FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHBY, SUSAN 90 N. ST. ANDREWS DR. ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec/Trea. 103 Sand Castle Dr. Ormond Beach, FL 32176 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULK, DENISE 35 JUNIPER DR. ORMOND BEACH, FL 32176 <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	D KELLY, DR THOMAS 89 S ATLANTIC AVE #1004 ORMOND BCH, FL <input checked="" 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 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: Susan E. Ashby Date: 2-22-05 386676-0276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

40022317
N01000001870

Great Kids Explorer Club Board of Director 2004-05

Chanfrau, Muffi
226 Country Club Dr.
Ormond Beach, FL 32176

Director
386-672-5816

Kalaydjian, Linda
784 Peninsula Dr.
Ormond Beach, FL 32176

President
386-672-5910

Leckie, Jack
23 Marbella Ct.
Palm Coast, FL 32137

Director
386-445-7897

Messersmith, Lisa
1225 Justice St.
Port Orange, FL 32129

Director
386-676-3505

Parsons, Patricia
52 Choctaw Trail
Ormond Beach, FL 32174

Director
386-673-9256

Rakes, Sandy
120 Standish Dr.
Ormond Beach, FL 32176

Executive Director
386-441-3818

Stroud, Gloria
32 Iroquois
Ormond Beach, FL 32174

Director
386-677-5271

Toomer, Ray
1233 Cadillac Dr.
Holly Hill, FL 32117

Director
386-255-8658

Weber, Doris
300 Auburn Dr.
Daytona Beach, FL 32118

Vice President
386-673-0874

Young, Barbara
91 St. Andrews Dr.
Ormond Beach, FL 32174

Director
386-676-6696