

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001870

**Entity Name:** GREAT KIDS EXPLORER CLUB, INC.

**Current Principal Place of Business:**

100 E. GRANADA BLVD.  
SUITE 220  
ORMOND BEACH, FL 32176

**Current Mailing Address:**

PO BOX 2615  
ORMOND BEACH, FL 32175-2615 US

**FEI Number: 59-3705879**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRES  
Name            RAKES, SANDRA L  
Address        120 STANDISH DRIVE  
City-State-Zip: ORMOND BEACH FL 32176

Title            VP  
Name            FITZGERALD, PAMELA  
Address        3147 CONNEMARA DR.  
City-State-Zip: ORMOND BEACH FL 32174

Title            SE/T  
Name            CALIGUIRE, BARBARA  
Address        336 S. HALIFAX DR.  
City-State-Zip: ORMOND BEACH FL 32176

Title            D  
Name            KURRLE, ROSEANN  
Address        1786 ROSCOE TURNER TRAIL  
City-State-Zip: PORT ORANGE FL 32128

Title            D  
Name            SILVEIRA, JORGE  
Address        81 FOXCROFT RUN  
City-State-Zip: ORMOND BEACH FL 32174

Title            D  
Name            BISHOP, JAMES  
Address        7 NORTH RAVENFIELD LANE  
City-State-Zip: ORMOND BEACH FL 32174

Title            DIRECTOR  
Name            OLLINGER, PATRICIA DIRECTOR  
Address        160 WILLOW RUN  
City-State-Zip: ORMOND BEACH FL 32174

*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: SANDRA L. RAKES**

**EXECUTIVE DIRECTOR**

**01/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date