FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N38953 (8)

1. Corporation Name

EXPLORATIONS V, INCORPORATED - LAKELAND'S MUSEUM FOR CHILDREN

Principal Place of Business	Mailing Address
~~% KRISTA YURCHAK~~ 125 S KENTUCKY AVE LAKELAND FL 33801-5001	~~% KRISTA YURCHAK~~ 125 S KENTUCKY AVE LAKELAND FL 33801-5001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-2994883 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 125 S. Kentucky Ave.	26 125 S. Kentucky Ave.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Lakeland, FL	City & State 28 Lakeland, FL
Zip 24 33801 Country 25 USA	Zip 29 33801 Country 30 USA

9. Name and Address of Current Registered Agent

YURCHAK, KRISTA
1616 SIMS PLACE
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Georgann P. Carlton
82 Street Address (P.O. Box Number is Not Acceptable): 1981 High Vista Drive
83
84 City: Lakeland FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Georgann P. Carlton DATE: 3/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	KAHRE, DAWN GRANT	1.2 NAME	Eanett, Darlene	
STREET ADDRESS	3422 BRIDGEFIELD DR.	1.3 STREET ADDRESS	3404 Bridgefield Dr.	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	TD	2.1 TITLE	T/D	☑ Change ☐ Addition
NAME	GARRINGER, DEBORAH	2.2 NAME	James E. Grossman	
STREET ADDRESS	6802 CRESCENT LAKE DR.	2.3 STREET ADDRESS	5308 Glenmore Dr.	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	SD	3.1 TITLE	S/D	☑ Change ☐ Addition
NAME	SCHMIDT, CHERYL	3.2 NAME	Holiman, Beth	
STREET ADDRESS	1880 CRYSTAL LAKE DR., N.	3.3 STREET ADDRESS	819 Brookwood	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	VD	4.1 TITLE		☑ Change ☐ Addition
NAME	EANETT, DARLENE	4.2 NAME	Delete - no Vice President at this time	
STREET ADDRESS	3404 BRIDGEFIELD DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E. Grossman 4/28/95 (813) 687-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6014804