

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38953** (8)

1. Corporation Name

**EXPLORATIONS V, INCORPORATED - LAKELAND'S MUSEUM
FOR CHILDREN**



Principal Place of Business

Mailing Address

125 S. KENTUCKY AVE.
~~125 S. KENTUCKY AVE~~
LAKELAND FL 33801
US

125 S. KENTUCKY AVE.
~~125 S. KENTUCKY AVE~~
LAKELAND FL 33801
US

3. Date Incorporated or Qualified
07/05/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARLTON, GEORGANN P.
1981 HIGH VIST DRIVE
LAKELAND FL 33813**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
EANETT, DARLENE**
STREET ADDRESS **3404 BRIDGEFIELD DR.**
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **TD
GROSSMAN, JAMES E.**
STREET ADDRESS **5308 GLENMORE DR.**
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **SD
HOLIMAN, BETH**
STREET ADDRESS **819 BROOKWOOD**
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **VD
EANETT, DARLENE**
STREET ADDRESS **3404 BRIDGEFIELD DR.**
CITY - ST - ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD ☒ Change ☐ Addition

1.2 NAME

James E. Grossman
500 South Florida Avenue
Lakeland, FL 33801

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

TD ☒ Change ☐ Addition

2.2 NAME

Darlene Eanett
500 South Florida Avenue
Lakeland, FL 33801

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

SD ☒ Change ☐ Addition

3.2 NAME

Beth Neff
511 Howard Avenue
Lakeland, FL 33801

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

VD ☒ Change ☐ Addition

4.2 NAME

Randy Andersen
1245 Jefferson Drive
Lakeland, FL 33813

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

MD ☐ Change ☒ Addition

6.2 NAME

Georgann Carlton
125 S. Kentucky Avenue
Lakeland, FL 33801

6.3 STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Executive Director

Date

4/17/96

(941) 687-3869

Daytime Phone #

CR2E037 (12/95)