

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Mar 06 1997 8:00am  
Secretary of State**DOCUMENT # N38953 (8)**

1. Corporation Name

**EXPLORATIONS V CHILDREN'S MUSEUM, INC.**

Principal Place of Business

Mailing Address

125 S. KENTUCKY AVE.  
LAKELAND FL 33801  
US125 S. KENTUCKY AVE.  
LAKELAND FL 33801-5001  
US3. Date Incorporated or Qualified  
**07/05/1990**3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETENAME **GROSSMAN, JAMES E.**  
STREET ADDRESS **500 S FLORIDA AVENUE**  
CITY - ST - ZIP **LAKELAND FL**1.1 TITLE **TD** ☒ Change ☐ Addition1.2 NAME **Grossman, James E.**  
1.3 STREET ADDRESS **500 S. Florida Ave.**  
1.4 CITY - ST - ZIP **Lakeland, FL**TITLE **TD** ☒ DELETENAME **EANETT, DARLENE**  
STREET ADDRESS **500 SOUTH FLORIDA AVENUE**  
CITY - ST - ZIP **LAKELAND FL**2.1 TITLE **VD** ☒ Change ☒ Addition2.2 NAME **Smallheer, Charles**  
2.3 STREET ADDRESS **1217 Valley Hill Dr.**  
2.4 CITY - ST - ZIP **Lakeland, FL**TITLE **SD** ☒ DELETENAME **NEFF, BETH**  
STREET ADDRESS **511 HOWARD AVENUE**  
CITY - ST - ZIP **LAKELAND FL**3.1 TITLE **SD** ☐ Change ☒ Addition3.2 NAME **Pullen, Blinda**  
3.3 STREET ADDRESS **216 Millard Ave.**  
3.4 CITY - ST - ZIP **Lakeland, FL**TITLE **VD** ☐ DELETENAME **ANDERSEN, RANDY**  
STREET ADDRESS **1245 JEFFERSON DRIVE**  
CITY - ST - ZIP **LAKELAND FL**4.1 TITLE **PD** ☒ Change ☐ Addition4.2 NAME **Andersen, Randy**  
4.3 STREET ADDRESS **1245 Jefferson Drive**  
4.4 CITY - ST - ZIP **Lakeland, FL**TITLE **MD** ☐ DELETENAME **CARLTON, GEORGANN**  
STREET ADDRESS **125 S KENTUCKY AVENUE**  
CITY - ST - ZIP **LAKELAND FL**5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 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:

*Georgann Carlton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**2/25/97**  
Date**(407) 687-3869**  
Daytime Phone # 0052376

CR2E037 (9/96)