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Jan 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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
US

125 S. KENTUCKY AVE.
LAKELAND FL 33801
US



3. Date Incorporated or Qualified

07/05/1990

4. FEI Number

59-2994883

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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 Terisa Glover

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

125 S. Kentucky Ave.

83

84 City Lakeland

FL

85 Zip Code 33801

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

Terisa Glover

TERISA GLOVER EXECUTIVE DIRECTOR

1/6/98

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GROSSMAN, JAMES E.
500 S FLORIDA AVENUE
LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SMALLHEER, CHARLES
1217 VALLEY HILL DR
LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
PULLEN, BLINDA
216 MILLARD AVE
LAKELAND FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ANDERSEN, RANDY
1245 JEFFERSON DRIVE
LAKELAND FL

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
CARLTON, GEORGANN
125 S KENTUCKY AVENUE
LAKELAND FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition
PD
Small, Charles
1217 Valley Hill Drive
Lakeland, FL

☒ Change ☐ Addition
SD
Pullen, Blinda
331 S. Florida Ave.
Lakeland, FL 33801

☐ Change ☒ Addition
VD
Hennessey, Kevin
5246 Upland Road
Lakeland, FL 33813

☐ Change ☒ Addition
MD
Terisa Glover
125 S. Kentucky Avenue
Lakeland, FL 33801

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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:

Terisa Glover RE-JUDITH GLOVER

1/6/98

941-687-3869

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Typed Name &

CR2E037 (10/97)