

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90186 026 \*\*\*\*61.25

**DOCUMENT # N38953**

1. Entity Name  
**EXPLORATIONS V CHILDREN'S MUSEUM, INC.**



Principal Place of Business : Mailing Address  
**109 N KENTUCKY AVE 109 N KENTUCKY AVE**  
**LAKELAND, FL 33801 US LAKELAND, FL 33801 US**

**24072425**



01092004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2994883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GLOVER, TERISA**  
**109 N KENTUCKY AVENUE**  
**LAKELAND, FL 33801**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/21/04  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | PD                       |
| NAME           | NORIS, PAUL              |
| STREET ADDRESS | PO BOX 32036             |
| CITY-ST-ZIP    | LAKELAND, FL 33802       |
| TITLE          | SD                       |
| NAME           | PUTNAM, ABEL             |
| STREET ADDRESS | PO BOX 3545              |
| CITY-ST-ZIP    | LAKELAND, FL 33802       |
| TITLE          | TD                       |
| NAME           | STEPHENS, LINDA          |
| STREET ADDRESS | 331'S FL AVE STE 400     |
| CITY-ST-ZIP    | LAKELAND, FL 33801       |
| TITLE          | MD                       |
| NAME           | CARLTON, GEORGANN        |
| STREET ADDRESS | 109 NORTH KENTUCKY AVE   |
| CITY-ST-ZIP    | LAKELAND, FL 33801       |
| TITLE          | VD                       |
| NAME           | NORIS, PAUL              |
| STREET ADDRESS | P.O. BOX 32036           |
| CITY-ST-ZIP    | LAKELAND, FL 33802       |
| TITLE          | VD                       |
| NAME           | HENRICKS, DONNA DR       |
| STREET ADDRESS | 1324 LAKELAND HILLS BLVD |
| CITY-ST-ZIP    | LAKELAND, FL 33805       |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04  
Date

863.687.3869  
Daytime Phone #