

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38953

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: EXPLORATIONS V CHILDREN'S MUSEUM, INC.

**Current Principal Place of Business:**

109 N KENTUCKY AVE  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 N KENTUCKY AVE  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 59-2994883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: STEPHENSON, BRUCE  
Address: 114 N TENNESSEE AVE  
City-St-Zip: LAKELAND, FL 33801

Title: SD ( ) Delete  
Name: PUTNAM, ABEL  
Address: PO BOX 3545  
City-St-Zip: LAKELAND, FL 33802

Title: TD ( ) Delete  
Name: GARDNER, SCOTT  
Address: 210 S FORIDA AVE  
City-St-Zip: LAKELAND, FL 33801

Title: MD ( ) Delete  
Name: CARLTON, GEORGANN  
Address: 109 NORTH KENTUCKY AVE  
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete  
Name: STEPHENS, LINDA  
Address: 6130 LAZY DAYS BOULEVARD  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: NEWLIN, LAURA  
Address: 500 SOUTH FLORIDA AVE, STE 800  
City-St-Zip: LAKELAND, FL 33801

Title: VD (X) Change ( ) Addition  
Name: GARDNER, SCOTT  
Address: 210 SOUTH FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: PUCCIO, JOHN  
Address: 437 PENINSULAR DRIVE  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGANN CARLTON

MD

04/19/2006

Electronic Signature of Signing Officer or Director

Date