# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 19, 2009**
**Secretary of State**

DOCUMENT# N38953

**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:**

CARLTON, GEORGANN
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: GARDNER, SCOTT
Address: 210 SOUTH FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33801

Title: VD ( ) Delete
Name: PUCCIO, JOHN
Address: 437 PENINSULAR DRIVE
City-St-Zip: LAKELAND, FL 33813

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

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

Title: TD (X) Delete
Name: GILES, MIKE
Address: 331 SOUTH FLORIDA AVENUE, STE. 400
City-St-Zip: LAKELAND, FL 33801

Title: SD (X) Delete
Name: SCHAFF, CHRISSY
Address: 6108 US HIGHWAY 98 NORTH
City-St-Zip: LAKELAND, FL 33809

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

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

Title: TD (X) Change ( ) Addition
Name: GILES, MIKE
Address: 5580 PEBBLE BEACH DRIVE
City-St-Zip: LAKELAND, FL 33812

Title: SD (X) Change ( ) Addition
Name: SCHAFF, CHRISSY
Address: 6108 US HWY 98 N
City-St-Zip: LAKELAND, FL 33809

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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 01/19/2009

Electronic Signature of Signing Officer or Director — Date