# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2012**
**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
Name: SCHAFF, CHRISSY
Address: 2634 HICKORY RIDGE DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: TD
Name: GILES, MIKE
Address: 5580 PEBBLE BEACH DRIVE
City-St-Zip: LAKELAND, FL 33812

Title: VD
Name: LINK, WILLIAM
Address: 516 PENINSULAR DRIVE
City-St-Zip: LAKELAND, FL 33813

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

Title: SD
Name: RODDA, JASON
Address: 3134 LEGENDS CIRCLE
City-St-Zip: LAKELAND, FL 33803

I hereby 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 all other like empowered.

SIGNATURE: GEORGANN CARLTON MD 04/26/2012

Electronic Signature of Signing Officer or Director Date