

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90025 030 \*\*\*\*61.25

DOCUMENT # N98000002337

1. Corporation Name

EXPLORER ELEMENTARY AND MIDDLE SCHOOL, INC.

Principal Place of Business

5005 N WICKHAM RD  
MELBOURNE FL 32940

Mailing Address

5005 N WICKHAM RD  
MELBOURNE FL 32940



2. Principal Place of Business

21 9150 ELLIS ROAD

Suite, Apt. #, etc.

22

City & State

23 MELBOURNE, FL

Zip

24 32904

Country

25 USA

2a. Mailing Address

26 9150 ELLIS ROAD

Suite, Apt. #, etc.

27

City & State

28 MELBOURNE, FL

Zip

29 32904

Country

30 USA

3. Date Incorporated or Qualified

04/22/1998

4. FEI Number

59-3514011

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

PEARCE, LAURA B  
MACFARLANE FERGUSON & MCMULLEN  
106 E COLLEGE AVE, SUITE 900  
TALLAHASSEE FL 32301

81 Name

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

83 7.1 D.

84 7.2 Mitchell Barlow

7.3 210 Elm Ave.

7.4 Melbourne Beach, FL 32951

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-  
office or registered agent, or both, in the State of Florida. Such change was authorized by the  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STRIBY, OLLIE  
STREET ADDRESS 4575 DELESPINE RD  
CITY-ST-ZIP COCOA FL 32927

DELETE

TITLE VD  
NAME HAYES, PAUL  
STREET ADDRESS P O BOX 1504  
CITY-ST-ZIP CAPE CANAVERAL FL 32920

DELETE

TITLE SD  
NAME LITTS, DIANE  
STREET ADDRESS 1323 FOREST DRIVE  
CITY-ST-ZIP ROCKLEDGE FL 32955

DELETE

TITLE TD  
NAME BARDSLEY, DALE  
STREET ADDRESS 3441 QUAIL CT  
CITY-ST-ZIP MELBOURNE FL 32935

DELETE

TITLE D  
NAME RAHANGDALE, SANDEEP  
STREET ADDRESS 2100 N WICKHAM RD  
CITY-ST-ZIP MELBOURNE FL 32935

DELETE

TITLE D  
NAME BOYLES, NANCY  
STREET ADDRESS 3942 JUPITER BLVD  
CITY-ST-ZIP SE PALM BAY FL 32909

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Roy Trim  
1.3 STREET ADDRESS 1280 NIMMICK AVE.  
1.4 CITY-ST-ZIP N.W. PALM BAY 32907

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 1619 SUN GARZE DRIVE  
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

Change Addition

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

Change Addition

4.1 TITLE TD  
4.2 NAME SHIRLEY JACOBS  
4.3 STREET ADDRESS 300 ATLANTIC STREET  
4.4 CITY-ST-ZIP Melbourne Beach FL 32951

Change Addition

5.1 TITLE PD  
5.2 NAME CINDY MARTIN  
5.3 STREET ADDRESS 5221 PALOMINO DR.  
5.4 CITY-ST-ZIP MELBOURNE FL 32935

Change Addition

6.1 TITLE SD  
6.2 NAME LISA ROGERS  
6.3 STREET ADDRESS 6158 ANCHOR LANE  
6.4 CITY-ST-ZIP Rockledge FL 32955

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/99 (407) 723-0623

CR2E037 (11/98)