


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90042 023 \*\*\*\*61.25

<b>DOCUMENT # N98000002337</b> 1. Entity Name <b>EXPLORER ELEMENTARY AND MIDDLE SCHOOL, INC.</b>					
Principal Place of Business <b>9150 ELLIS RD WEST MELBOURNE, FL 32904</b>			Mailing Address <b>9150 ELLIS RD WEST MELBOURNE, FL 32904</b>		
2. Principal Place of Business <b>475 S. JOHN RODES BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>475 S. JOHN RODES BLVD</b> Suite, Apt. #, etc.			
City & State <b>WEST MELBOURNE, FL 32904</b> Zip <b>32904</b> Country <b>BRUNARD</b>		City & State <b>WEST MELBOURNE, FL</b> Zip <b>32904</b> Country <b>BRUNARD</b>		4. FEI Number <b>59-3514011</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BOHNE, KARL 1803 AIRPORT BLVD. MELBOURNE, FL 32901</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GADDIS, GREGORY 4797 ALAMADIDA DR MELBOURNE, FL 32940</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SD SATTERWHITE, PATRICIA 1351 BERRY HILL DRIVE MELBOURNE, FL 32934</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SUMARAH, MOHAMMED 690 E CRISATULLI RD MERRITT ISLAND, FL 32953</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD THOMPSON, PEGGY 4055 POST ROAD MELBOURNE, FL 32935</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BARLOW, MITCHELL 210 ELM AVE MELBOURNE BEACH, FL 32951</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DAVID SILVERMAN 4655 LAKE WASHINGTON RD MELBOURNE, FL 32934</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>Patricia A. Satterwhite</i> Secretary</b>				<b>1-25-06 321.543.7308</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	