

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38953

**Entity Name:** EXPLORATIONS V CHILDREN'S MUSEUM, INC.**Current Principal Place of Business:**109 N KENTUCKY AVE  
LAKELAND, FL 33801**Current Mailing Address:**109 N KENTUCKY AVE  
LAKELAND, FL 33801 US**FEI Number:** 59-2994883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FALWELL, KERRY  
109 N KENTUCKY AVENUE  
LAKELAND, FL 33801 US*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:** KERRY FALWELL

02/15/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER, DIRECTOR  
Name            LLOYD, THOMAS  
Address        511 EASTON DRIVE  
City-State-Zip: LAKELAND FL 33803

Title            PRESIDENT, DIRECTOR  
Name            HICKEY WIGGINS, LANE  
Address        5706 YATES ROAD  
City-State-Zip: LAKELAND FL 33811

Title            DIRECTOR  
Name            FALWELL, KERRY  
Address        109 N KENTUCKY AVE  
City-State-Zip: LAKELAND FL 33801

Title            VP, DIRECTOR  
Name            FULTON, MANDY  
Address        7037 CASCADES CT  
City-State-Zip: LAKELAND FL 33813

Title            SECRETARY, DIRECTOR  
Name            JENSEN, LAUREN  
Address        1112 HALLAMWOOD CT.  
City-State-Zip: LAKELAND FL 33813

*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:** KERRY FALWELL

DIRECTOR

02/15/2019

Electronic Signature of Signing Officer/Director Detail

Date