

2018 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:** Yes**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

03/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name LAUK, JOSEPH M
Address 823 FAIRLINGTON DRIVE
City-State-Zip: LAKELAND FL 33813

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

Title VP, 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 SECRETARY, DIRECTOR
Name FULTON, MANDY
Address 7037 CASCADES 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**EXECUTIVE DIRECTOR**

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date