

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011955

**Entity Name:** GINGER BILLS FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

3910 RCA BOULEVARD  
SUITE 1015  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3910 RCA BOULEVARD  
SUITE 1015  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 83-2540027

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JACKSON, CYNTHIA  
4400 PGA BLVD STE 603  
PALM BCH GRDNS, FL 33410 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P,D  
Name BILLS, JOHN C  
Address 3910 RCA BLVD, SUITE 1015  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP,D  
Name BILLS, GINGER  
Address 3910 RCA BLVD, SUITE 1015  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title T,D  
Name BILLS, JOHN CLARK  
Address 3910 RCA BLVD, SUITE 1015  
City-State-Zip: PALM BEACH GARDENS FL 33410

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:** JOHN C. BILLS

P,D

04/14/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date