2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# F06000006954

Entity Name: GINN FOUNDATION, INC.

Current Principal Place of Business:

215 CELEBRATION PLACE
STE. 200
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE
STE. 200
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-5802864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

DEMARTIN, CHARLES P
ONE HAMMOCK BEACH PARKWAY
PALM COAST, FL 32137 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: CHARLES P. DEMARTIN 04/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: MASTERS, ROBERT F
Address: ONE HAMMOCK BEACH PKWY
City-St-Zip: PALM COAST, FL 32137

Title: P (X) Delete
Name: HEWLETTE, EARL D
Address: 28 BRIDGESIDE BOULEVARD, STE. 200
City-St-Zip: MT PLEASANT, SC 29464

Title: VP ( ) Delete
Name: ATHERTON, KENT
Address: 1170 CELEBRATION BLVD, STE 200
City-St-Zip: CELEBRATION, FL 34747

Title: ST ( ) Delete
Name: ROSE, BRETT
Address: 1170 CELEBRATION BLVD, STE 200
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT F. MASTERS C 04/19/2007
Electronic Signature of Signing Officer or Director Date