2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006182

1. Entity Name
THE GING FOUNDATION, INC.

Principal Place of Business	Mailing Address
500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US	500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0869344
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GING, EDWARD D MR.
500 SOUTH EAST 5TH AVE
UNIT 1002
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GING, EDWARD D
STREET ADDRESS	500 SOUTH EAST 5TH AVE., UNIT S 1002
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VSD
NAME	GING, JOYCE G
STREET ADDRESS	500 SOUTH EAST 5TH AVE., UNIT S 1002
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	GING, TRACY L
STREET ADDRESS	46 HICKORY ST
CITY-ST-ZIP	CLARENDON HILLS, IL 60514
TITLE	D
NAME	GING, Mary
STREET ADDRESS	140 WESTCHESTER DRIVE
CITY-ST-ZIP	SMYRNA, GA 30082
TITLE	D
NAME	GING, ANN MARIE
STREET ADDRESS	336 WOODBRIDGE DR
CITY-ST-ZIP	PITTSBURGH, PA 15237
TITLE	D
NAME	GING, DAVID E
STREET ADDRESS	142 E 16TH ST
CITY-ST-ZIP	NEW YORK, NY 10003

U00000009145
01/20/04-80094-006 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: EDWARD D. GING _____ 561-338-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 1/18/04 — Daytime Phone #