


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N98000006182</b> 1. Entity Name THE GING FOUNDATION, INC.	
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Principal Place of Business 500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US	Mailing Address 500 SOUTH EAST 5TH AVE UNIT S 1002 BOCA RATON, FL 33432 US
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04182007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0869344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

U00000748295  
05/17/07-80062-003 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07 561-338-1875  
Date Daytime Phone #