

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006182

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE GING FOUNDATION, INC.

Current Principal Place of Business:

500 SOUTH EAST 5TH AVE
UNIT S 1002
BOCA RATON, FL 33432 US

New Principal Place of Business:

Current Mailing Address:

500 SOUTH EAST 5TH AVE
UNIT S 1002
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0869344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GING, EDWARD D
Address: 500 SOUTH EAST 5TH AVE., UNIT S 1002
City-St-Zip: BOCA RATON, FL 33432

Title: VSD () Delete
Name: GING, JOYCE G
Address: 500 SOUTH EAST 5TH AVE., UNIT S 1002
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: GING, TRACY L
Address: 46 HICKORY ST
City-St-Zip: CLARENDON HILLS, IL 60514

Title: D () Delete
Name: GING, MARY K
Address: 140 WESTCHESTER DRIVE
City-St-Zip: SMYRNA, GA 30082

Title: D () Delete
Name: GING, ANN MARIE
Address: 336 WOODBRIDGE DR
City-St-Zip: PITTSBURGH, PA 15237

Title: D () Delete
Name: GING, DAVID E
Address: 142 E 16TH ST
City-St-Zip: NEW YORK, NY 10003

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
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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 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: EDWARD D GING

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date