

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N99000000368

Entity Name: GINFL SERVICES, INC.

Current Principal Place of Business:

4527 LENOX AVENUE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4527 LENOX AVENUE
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-3570001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THAYER, ROBERT
4527 LENOX AVE.
JACKSONVILLE, FL 32205 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: CH () Delete
Name: MOORER, RANDOLPH
Address: 10407 CENTURIAN PARKWAY AVE.
City-St-Zip: JACKSONVILLE, FL 32245

Title: PR () Delete
Name: THAYER, ROBERT H
Address: 4527 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: SEDWICK, DOLLY
Address: 4527 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: SVP () Delete
Name: WADSWORTH, JAMES
Address: 4527 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

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 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: MARK STEPHENSON

VP

01/30/2009

Electronic Signature of Signing Officer or Director

_____ Date