

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000368

FILED  
Feb 09, 2012  
Secretary of State

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  
Name: LANAHAN, JAMES  
Address: P.O. BOX 5427  
City-St-Zip: JACKSONVILLE, FL 32247

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

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

Title: COO  
Name: WADSWORTH, JAMES  
Address: 4527 LENOX AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: CFO  
Name: GRAY, PAIGE  
Address: 4527 LENOX AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: PAIGE GRAY

CFO

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date