Title	CHAIRPERSON	Title	CEO/PRESIDENT
Name	MENNIE, ROB	Name	REY, DAVID
Address	4527 LENOX AVENUE	Address	4527 LENOX AVENUE
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205
Title	CHIEF MISSION OFFICER	Title	FIRST VICE CHAIR
Name	LYNCH. LEAH	Name	BRYANT, JODI

Address

City-State-Zip:

4527 LENOX AVENUE JACKSONVILLE. FL 32205

DOCUMENT# N9900000368

Entity Name: GINFL SERVICES, INC.

Current Principal Place of Business:

FEI Number: 59-3570001

Current Mailing Address:

4527 LENOX AVENUE JACKSONVILLE, FL 32205

Name and Address of Current Registered Agent:

REY, DAVID 4527 LENOX AVE. JACKSONVILLE, FL 32205 US

SIGNATURE: DAVID REY

Officer/Director Detail :

Address

Title

Name

Address

City-State-Zip:

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.

Tit Name LYNCH, LEAH Name

4527 LENOX AVENUE

4527 LENOX AVENUE

VP OF FINANCE **BUSCEMI. NICHOLAS**

City-State-Zip: JACKSONVILLE FL 32205

JACKSONVILLE FL 32205

Electronic Signature of Registered Agent

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: NICHOLAS BUSCEMI

Electronic Signature of Signing Officer/Director Detail

VP OF FINANCE

4527 LENOX AVENUE

JACKSONVILLE FL 32205

04/22/2021

FILED Apr 22, 2021 Secretary of State 3389371240CC

04/22/2021 Date

Certificate of Status Desired: Yes

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Date