

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000003096

**Entity Name:** 180 CARES INCORPORATED

**Current Principal Place of Business:**

4080 WOODCOCK DRIVE BUILDING  
BUILDING 2400 SUITE 120  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4080 WOODCOCK DRIVE BUILDING  
BUILDING 2400 SUITE 120  
JACKSONVILLE, FL 32207 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GRIFFIN, LYNN D SR  
4080 WOODCOCK DRIVE BUILDING  
BUILDING 2400 SUITE 120  
JACKSONVILLE, FL 32207 US

*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:** LYNN GRIFFIN

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name GRIFFIN, LYNN D SR.  
Address 4080 WOODCOCK DRIVE BUILDING  
City-State-Zip: JACKSONVILLE FL 32207

Title MEMBER  
Name BURSE, WINSTON  
Address 4080 WOODCOCK DRIVE  
BLDG 2400 120  
City-State-Zip: JACKSONVILLE FL 32207

*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:** LYNN GRIFFIN

PRESIDENR

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date