

2019 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:

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 MEM
Name HERBERT, BRIAN
Address 4080 WOODCOCK DRIVE BUILDING
City-State-Zip: JACKSONVILLE FL 32207

Title MEM
Name COX, MICHAEL
Address 4080 WOODCOCK DRIVE BUILDING
City-State-Zip: JACKSONVILLE FL 32207

Title MEM
Name LARRAMORE, LEONARD
Address 4080 WOODCOCK DRIVE BUILDING
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

CEO

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date