

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000009363

Entity Name: GROVELAND CARES, INC.

Current Principal Place of Business:

1077 BLUEGRASS DRIVE
GROVELAND, FL 34736

Current Mailing Address:

1077 BLUEGRASS DRIVE
GROVELAND, FL 34736

FEI Number: 46-3914876

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RADZIK, MICHAEL
1077 BLUEGRASS DRIVE
GROVELAND, FL 34736 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 D
Name RADZIK, MICHAEL
Address 1077 BLUEGRASS DRIVE
City-State-Zip: GROVELAND FL 34736

Title D
Name RADZIK, ROSEMARY
Address 1077 BLUEGRASS DRIVE
City-State-Zip: GROVELAND FL 34736

Title D
Name SWEATT, DINA
Address 1194 SINGLETON CIRCLE
City-State-Zip: GROVELAND FL 34736

Title D
Name IRWIN, JOY
Address 1049 BLUEGRASS DRIVE
City-State-Zip: GROVELAND FL 34736

Title D
Name WILSON, GLEN
Address 187 CREPE MYRTLE DR
City-State-Zip: GROVELAND FL 34736

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: MICHAEL RADZIK

DIRECTOR

04/13/2014

Electronic Signature of Signing Officer/Director Detail

Date