

**2018 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

*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**

**03/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date