

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000140

**Entity Name:** BEERWORKS CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

301 SW ST LUCIE AVE  
STUART, FL 34994

**FILED**  
**Apr 15, 2018**  
**Secretary of State**  
**CC3462724934**

**Current Mailing Address:**

301 SW ST LUCIE AVE  
STUART, FL 34994 US

**FEI Number: 26-4101716**

**Certificate of Status Desired: No**

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

MARK, CARBONE  
301 SW ST LUCIE AVE  
STUART, FL 34994 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           DIRECTOR, CHAIRMAN  
Name           BOLAND, MARC  
Address        221 NW FERRIS DR  
City-State-Zip: PORT ST LUCIE FL 34983

Title           DIRECTOR, TREASURER  
Name           CARBONE, MARK  
Address        301 SW ST LUCIE AVE  
City-State-Zip: STUART FL 34994

Title           DIRECTOR  
Name           SOLORZANO, MENDY  
Address        102 SW GLENWOOD DR  
City-State-Zip: PORT ST LUCIE FL 34984

Title           CO-SECRETARY  
Name           CARBONE, JO ANN  
Address        301 SW ST LUCIE AVE  
City-State-Zip: STUART FL 34994

Title           CO-SECRETARY  
Name           BOLAND, TAMMY  
Address        221 NW FERRIS DR  
City-State-Zip: PORT ST LUCIE FL 34983

*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: MARK CARBONE**

**DIRECTOR/TREASURER**

**04/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date