

**2017 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**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	GREENWALD, JOE
Address	1643 S.E. NANCY LANE
City-State-Zip:	FT. PIERCE FL 34983

Title	DIRECTOR, CO-CHAIR
Name	WHITNEY, MELANIE
Address	220 SW LUCERO DR
City-State-Zip:	PORT ST LUCIE FL 34983

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

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

*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****03/12/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date