

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000140

Entity Name: BEERWORKS CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**221 NW FERRIS DR
PORT ST LUCIE, FL 34983**Current Mailing Address:**595 SE PRESCOTT PLACE
STUART, FL 34994 US**FEI Number: 26-4101716****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARK, CARBONE
221 NW FERRIS DR
PORT ST LUCIE, FL 34983 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 34983Title DIRECTOR, TREASURER
Name CARBONE, MARK
Address 595 SE PRESCOTT PLACE
City-State-Zip: STUART FL 34994Title VICE-CHAIR, DIRECTOR
Name SOLORZANO, MENDY
Address 732 SE RIVER CT
City-State-Zip: PORT ST LUCIE FL 34983Title CO-SECRETARY
Name CARBONE, JO ANN
Address 595 SE PRESCOTT PLACE
City-State-Zip: STUART FL 34994Title 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**TREASURER****02/11/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date