

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000000140

**Entity Name:** BEERWORKS CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**564 NE CANOE PARK CIR  
PORT ST LUCIE, FL 34983**Current Mailing Address:**564 NE CANOE PARK CIR  
PORT ST LUCIE, FL 34983**FEI Number:** 26-4101716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARK, CARBONE  
564 NE CANOE PARK CIR  
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	C
Name	BOLAND, MARC
Address	331 N.W. CONCORD DR.
City-State-Zip:	PORT ST LUCIE FL 34983

Title	D
Name	GREENWALD, JOE
Address	1643 S.E. NANCY LANE
City-State-Zip:	FT. PIERCE FL 34983

Title	D
Name	ROBERTS, WILLIAM JR.
Address	4280 GROVE CITY RD.
City-State-Zip:	GROVE CITY OH 43123

Title	T
Name	CARBONE, MARK
Address	564 NE CANOE PARK CIR
City-State-Zip:	PORT ST LUCIE FL 34983

Title	S
Name	HALBERG, ERIC
Address	1773 SE ELROSE ST
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	CO-CHAIR
Name	SCHATZLE, JOHN CO-CHAIR
Address	5473 NW ARBUTUS LN
City-State-Zip:	PORT ST LUCIE FL 34986

*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****03/17/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date