

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000006146

Entity Name: BERLIN FAMILY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**4794 NORTHLAKE BLVD
SUITE A
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**4794 NORTHLAKE BLVD
SUITE A
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 81-5333136**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BESSETTE & ALEMPOUR, PLLC
4794 NORTHLAKE BLVD., SUITE A
PALM BEACH GARDENS, FL 33418 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:** NICOLE BESSETTE

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT AND BOARD CHAIRMAN
Name	MAGLIO, WILLIAM
Address	4590 PGA BLVD., SUITE 204
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	SECRETARY
Name	BESSETTE, NICOLE ESQ.
Address	4590 PGA BLVD., SUITE 204
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	ROBILOTTO, FRANK
Address	4590 PGA BLVD., SUITE 204
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	GRANDE, MICHELLE
Address	4590 PGA BLVD., SUITE 204
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	JENKINS, DANIELLE
Address	4590 PGA BLVD., SUITE 204
City-State-Zip:	PALM BEACH GARDENS FL 33418

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: MAGLIO WILLIAM

PRESIDENT

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date