

**2023 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, NICOLE MAGLIO  
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

05/04/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	MAGLIO, WILLIAM
Address	4794 NORTHLAKE BLVD SUITE A
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	SECRETARY
Name	BESSETTE, NICOLE ESQ.
Address	4794 NORTHLAKE BLVD SUITE A
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	ROBILOTTO, FRANK
Address	4794 NORTHLAKE BLVD SUITE A
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP
Name	GRANDE, MICHELLE
Address	4794 NORTHLAKE BLVD SUITE A
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	TREASURER
Name	JENKINS, DANIELLE
Address	4794 NORTHLAKE BLVD SUITE A
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:** DANIELLE JENKINS**DIRECTOR**

05/04/2023

Electronic Signature of Signing Officer/Director Detail

Date