

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 06 AM 8:21

DOCUMENT # N94000004391 (8)

1. Corporation Name

**LENORE AND NORMAN BERKE CHARITABLE FOUNDATION, I
NC.**

Principal Place of Business

Mailing Address

775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

09/02/1994

4. FEI Number

65-0529667

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERKE, NORMAN
775 LONGBOAT KEY CLUB ROAD
APARTMENT 602
LONGBOAT KEY FL 34228**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PTD
NAME BERKE, NORMAN
STREET ADDRESS 775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY - ST - ZIP LONGBOAT KEY FL 34228

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE VPSD
NAME BERKE, LENORE
STREET ADDRESS 775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY - ST - ZIP LONGBOAT KEY FL 34228

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE D
NAME SPEVACK, JEROME
STREET ADDRESS 7 HAMPSHIRE COURT
CITY - ST - ZIP BEACHWOOD OH 44122

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE D
NAME MERVIS, IVAN
STREET ADDRESS 46001 MATHER LANE
CITY - ST - ZIP HUNTING VALLEY OH 44022

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE D
NAME SHOLITON, FAYE
STREET ADDRESS 2401 ALLEN BOULEVARD
CITY - ST - ZIP BEACHWOOD OH 44122

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE D
NAME LEWIN, SHELDON
STREET ADDRESS 520 SUPERIOR AV, LEADER BLDG, SUITE 1430
CITY - ST - ZIP CLEVELAND OH 44114

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norman Berke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/95
Date

216-781-8356
Telephone Number