

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
09/02/1994

3a. Date of Last Report
05/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **D MERVIS, IVAN**
STREET ADDRESS **48001 MATHER LANE**
CITY-ST-ZIP **HUNTING VALLEY OH 44022**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 (Norman Berke) Director*

6/01/96

941-383-7476
216-464-4798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)