

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90026 006 \*\*\*\*61.25

**DOCUMENT # N94000004391**

1. Corporation Name

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

Principal Place of Business

**775 LONGBOAT KEY CLUB ROAD  
APARTMENT 602  
LONGBOAT KEY FL 34228**

Mailing Address

**775 LONGBOAT KEY CLUB ROAD  
APARTMENT 602  
LONGBOAT KEY FL 34228**

1 2 3 4 5 6 7 8 9 \*  
\* 5 6 4 8 2 9 \*  
564929 - 90026 - 6



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BERKE, NORMAN	
STREET ADDRESS	775 LONGBOAT KEY CLUB ROAD, APT. 602	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	BERKE, LENORE	
STREET ADDRESS	775 LONGBOAT KEY CLUB ROAD, APT. 602	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEVACK, JEROME	
STREET ADDRESS	7 HAMPSHIRE COURT	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERVIS, IVAN	
STREET ADDRESS	46001 MATHER LANE	
CITY-ST-ZIP	HUNTING VALLEY OH 44022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHOLTON, FAYE	
STREET ADDRESS	2401 ALLEN BOULEVARD	
CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIN, SHELDON	
STREET ADDRESS	520 SUPERIOR AV, LEADER BLDG, SUITE 1430	
CITY-ST-ZIP	CLEVELAND OH 44114	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any address, with all other like empowered.

SIGNATURE:

*Signature Required Director*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/99

Date

941-383-7476

Daytime Phone #

CR2E037 (1/98)