2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000004391

1. Entity Name
LENORE AND NORMAN BERKE CHARITABLE FOUNDATION, INC.

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

04212005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0529667
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PTD
NAME	BERKE, NORMAN
STREET ADDRESS	775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	VPSD
NAME	BERKE, LENORE
STREET ADDRESS	775 LONGBOAT KEY CLUB ROAD, APT. 602
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	SPEVACK, JEROME
STREET ADDRESS	7 HAMPSHIRE COURT
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	D
NAME	MERVIS, IVAN
STREET ADDRESS	725 ORANGE TREE DR.
CITY-ST-ZIP	ORANGE, OH 44022
TITLE	D
NAME	SHOLITON, FAYE
STREET ADDRESS	2401 ALLEN BOULEVARD
CITY-ST-ZIP	BEACHWOOD, OH 44122
TITLE	D
NAME	LEWIN, SHELDON
STREET ADDRESS	6050 OAK TREE BLVD. S., #500
CITY-ST-ZIP	INDEPENDENCE, OH 44131

U00000344176
04/29/05-80127-003 61.25

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Norman Berke PTD NORMAN BERKE 4/22/05 941-383-7476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02