


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000004391	
1. Entity Name LENORE AND NORMAN BERKE CHARITABLE FOUNDATION, INC.	

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
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04192006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0529667	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BERKE, NORMAN 775 LONGBOAT KEY CLUB ROAD, APT. 602 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BERKE, LENORE 775 LONGBOAT KEY CLUB ROAD, APT. 602 LONGBOAT KEY, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEVACK, JEROME 7 HAMPSHIRE COURT BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERVIS, IVAN 725 ORANGE TREE DR. ORANGE, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOLITON, FAYE 2401 ALLEN BOULEVARD BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIN, SHELDON 6050 OAK TREE BLVD. S., #500 INDEPENDENCE, OH 44131

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 05/13/06-80085-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Norman Berke</i> NORMAN BERKE	Date: <i>4/25/06</i>	Daytime Phone # _____
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