


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N94000004391**

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



Principal Place of Business <b>775 LONGBOAT KEY CLUB ROAD          APARTMENT 602          LONGBOAT KEY, FL 34228</b>	Mailing Address <b>775 LONGBOAT KEY CLUB ROAD          APARTMENT 602          LONGBOAT KEY, FL 34228</b>
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**DO NOT WRITE IN THIS SPACE**



03312007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0529667</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

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 SHOLTON, 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

000000747894  
 05/17/07-80044-012 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:** *Sheldon M. Lewin* *Director* *4/16/07* *216-241-2613*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_