


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

03-21-2006 90018 013 ****61.25

DOCUMENT # N93000002528 1. Entity Name CEDARS AUXILIARY, INC.			
Principal Place of Business 1400 NW 12TH AVE MIAMI FL 33136		Mailing Address 1400 NW 12TH AVE MIAMI FL 33136	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BRATSPIS, SELMA R 1020 MERIDIAN AVE # 509 MIAMI FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW: 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	Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: CUNIO, ADELE STREET ADDRESS: 1020 MERIDIAN AVENUE #902 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: <i>WAYS + MENNS V.P.</i> NAME: <i>LORNA RACKHEAD</i> STREET ADDRESS: <i>120 N.W. 85TH ST.</i> CITY-ST-ZIP: <i>MIAMI, FLA. 33150</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: BRATSPIS, SELMA R STREET ADDRESS: 1020 MERIDIAN AVE # 509 CITY-ST-ZIP: MIAMI FL 33139	<input type="checkbox"/> Delete	TITLE: <i>WAYS + MENNS - MEMBERSHIP</i> NAME: <i>MARY SIEFKEN V.P.</i> STREET ADDRESS: <i>50 BELCON DRIVE</i> CITY-ST-ZIP: <i>MIAMI SPRINGS, FLA. 33166</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: MANN, CHARLOTTE STREET ADDRESS: 3701 N COUNTRY CLUB DRIVE CITY-ST-ZIP: AVENTURA FL 33680	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: VAN HORNE, DEDEE STREET ADDRESS: 15512 SW 142 CT CITY-ST-ZIP: MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BELL, THELMA STREET ADDRESS: 1020 MRIDAN AVE # 304 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: ZAPOLSKY, CLAIRE STREET ADDRESS: 1608 DREXOL AVE #14 CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Selma R. Bratspis</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <i>SELMA R. BRATSPIS</i>	
		Date: <i>3/2/06</i>	
		Daytime Phone #: <i>325-5083</i>	