

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90016 018 \*\*\*\*61.25

DOCUMENT # N93000002528

1. Entity Name

CEDARS AUXILIARY, INC.



Principal Place of Business

Mailing Address

1400 NW 12TH AVE  
MIAMI FL 33136

1400 NW 12TH AVE  
MIAMI FL 33136

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0415064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRATSPIS, SELMA R  
1020 MERIDIAN AVE # 509  
MIAMI FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME CUNIO, ADELE  
STREET ADDRESS 1020 MERIDIAN AVENUE #902  
CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
NAME Dorothy Meyers  
STREET ADDRESS 2400 S.W. 15TH ST.  
CITY-STATE-ZIP MIAMI, FLA 33145

TITLE PD ☐ Delete  
NAME BRATSPIS, SELMA R  
STREET ADDRESS 1020 MERIDIAN AVE # 509  
CITY-STATE-ZIP MIAMI FL 33139

TITLE ☐ Change ☐ Addition  
NAME V.P.  
STREET ADDRESS LORNA ROCKHEAD  
CITY-STATE-ZIP 120 N.W. 85TH ST.  
MIAMI, FLA. 33150

TITLE VP ☐ Delete  
NAME SIEFKEN, MARY  
STREET ADDRESS 50 BELEON DR  
CITY-STATE-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE DS ☐ Delete  
NAME VAN HORNE, DEDEE  
STREET ADDRESS 15512 SW 142 CT  
CITY-STATE-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE D ☐ Delete  
NAME BELL, THELMA  
STREET ADDRESS 1020 MERIDIAN AVE # 304  
CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE VP ☐ Change ☐ Addition  
NAME TheLma Bell  
STREET ADDRESS 1020 Meridian Ave #304  
CITY-STATE-ZIP MIAMI BEACH, FLA 33139

TITLE VP ☒ Delete  
NAME ZAPOLSKY, CLAIRE  
STREET ADDRESS 1608 DREXOL AVE #14  
CITY-STATE-ZIP MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition  
NAME TheLma Bell  
STREET ADDRESS 1020 Meridian Avenue #1304  
CITY-STATE-ZIP MIAMI BEACH FLA. 33139

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: *Selma R. Bratspis* SELMA R. BRATSPIS 2/20/07 (305) 325-5083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Covered Pages #