

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 15, 2009
Secretary of State**

DOCUMENT# N04000006807

Entity Name: HOLY SPIRIT HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

734 BELVEDERE RD
C/O JOSEPH PIERRE CADET
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

734 BELVEDERE RD
C/O JOSEPH PIERRE CADET
WEST PALM BEACH, FL 33405

New Mailing Address:

FEI Number: 02-0622411 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CADET, JOSEPH PIERRE P
1539 PALM LAND DRIVE
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CADET, JOSEPH PIERRE P
Address: 1539 PALM LAND DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: V () Delete
Name: JEAN-LOUIS, ROLAND
Address: 13785 NW 5TH AVE.
City-St-Zip: MIAMI, FL 33168

Title: V () Delete
Name: CANGE, FITZ HARVEY
Address: 1539 PALM LAND DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: CHEVRY-RENAULT, MICHEL-ANGE
Address: 1539 PALM LAND DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: VIXAMAR, PHILLIPPE
Address: PLACE BEAUVAIS, CROIX-CES-BOUQUETS
City-St-Zip: HAITI (W .I),

Title: T () Delete
Name: CANTAVE, JEAN-CLAUDE P
Address: 12320 NE 6TH AVE.
City-St-Zip: N. MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JPPCADET

DR

05/15/2009

Electronic Signature of Signing Officer or Director

_____ Date