

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006807

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**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 ( )**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CADET JOSEPH P

MD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date