

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006807

**FILED
Apr 30, 2015
Secretary of State
CC8505877693**

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

Current Mailing Address:

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

FEI Number: 02-0622411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Officer/Director Detail :

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

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

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

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

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

Title T
Name CANTAVE, JEAN-CLAUDE P
Address 12320 NE 6TH AVE.
City-State-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: JOSEPH PIERRE P CADET

PRESIDENT

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date