

2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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

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: JOSEPH PIERRE P. CADET

07/08/2022

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 SECOND VICE PRESIDENT
Name CANGE, FITZ HARVEY
Address 1539 PALM LAND DRIVE
City-State-Zip: BOYNTON BEACH FL 33436

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

Title VP
Name FIGARO, IRENE
Address 2449 NW 64TH STREET
City-State-Zip: BOCA RATON FL 33496

Title TREASURER
Name CADET, GREGORY
Address 2079 ISLAND WALK DRIVE
City-State-Zip: ORLANDO FL 32824

Title SECRETARY
Name AURELIEN, KERLINE
Address 901 ASPEN ROAD
City-State-Zip: WEST PALM BEACH FL 33409

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: GREGORY CADET

TREASURER

07/08/2022

Electronic Signature of Signing Officer/Director Detail

Date