

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90001 013 \*\*\*\*70.00

<b>DOCUMENT # N04000006807</b> 1. Entity Name HOLY SPIRIT HOSPITAL FOUNDATION, INC.					
Principal Place of Business 734 BELVEDERE RD. C/O JOSEPH PIERRE CADET WEST PALM BEACH, FL 33405				Mailing Address 734 BELVEDERE RD. C/O JOSEPH PIERRE CADET WEST PALM BEACH, FL 33405	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>02-0622411</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CADET, JOSEPH PIERRE P 1539 PALM LAND DRIVE BOLYNTON BEACH, FL 33436				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CADET, JOSEPH PIERRE P		NAME		
STREET ADDRESS	1539 PALM LAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOLYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JEAN-LOUIS, ROLAND		NAME		
STREET ADDRESS	13785 NW 5TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CANGE, FITZ HARVEY		NAME	<b>JULES A. CADET MD</b>	
STREET ADDRESS	1539 PALM LAND DRIVE		STREET ADDRESS	<b>128 NE 54th St</b>	
CITY-ST-ZIP	BOLYNTON BEACH, FL 33436		CITY-ST-ZIP	<b>MIAMI, FL 33137</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHEVRY-RENAULT, MICHEL-ANGE		NAME	<b>SCARLETT FITZ HARVEY M.Ed</b>	
STREET ADDRESS	1539 PALM LAND DRIVE		STREET ADDRESS	<b>1539 PALM LAND DRIVE</b>	
CITY-ST-ZIP	BOLYNTON BEACH, FL 33436		CITY-ST-ZIP	<b>BOYNTON BEACH, FL 33436</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIXAMAR, PHILLIPPE		NAME		
STREET ADDRESS	PLACE BEAUVAIS, CROIX-CES-BOUQUETS		STREET ADDRESS		
CITY-ST-ZIP	HAITI (W.I.),		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CANTAVE, JEAN-CLAUDE P		NAME		
STREET ADDRESS	12320 NE 6TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33131		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPE OF SIGNER NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>06/06/05</b> Daytime Phone #		