

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006807

FILED  
Apr 23, 2007  
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  
BOLYNTON BEACH, FL 33436 US

**Name and Address of New 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: \_\_\_\_\_

04/23/2007

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 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: JOSEPH PIERRE

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date