

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