

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002237

1. Entity Name

HEALTH PROMOTION PROGRAMS INITIATIVES, INCORPORATED

Principal Place of Business

2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE FL 32303

Mailing Address

2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

59-3760474

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS, GREGORY J
2364 RYAN PLACE
TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCFADDEN, CALVIN J
STREET ADDRESS 2781 WADE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME ROBINSON, BEVERLY J
STREET ADDRESS P.O. BOX 492051
CITY-ST-ZIP LEESBURG FL 34749

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME EDWARDS, KAREN K
STREET ADDRESS 5061 JEANETTE DRIVE
CITY-ST-ZIP MARIANNA FL 32448

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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, and all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 (950) 385-5701

Date

Daytime Phone #

CR2E037 (9/01)

0001048



DO NOT WRITE IN THIS SPACE