North Monroe Street

SUITE 118-B

2639 NORTH MONROE STREET

SUITE 118-8

2002 UNIFORM I	BUSINESS REPORT (UBR)	FILED
DOCUMENT # N9700002237 LENTITY NAME HEALTH PROMOTION PROGRAMS INITIATIVES, INCORPORA TED		May 09, 2002 8:00 am Secretary of State
		05-09-2002 90023 016 ****61.25
Principal Place of Business	Mailing Address	
200 NODTH HONDOE STREET	OCOO MODILI MONDOC OTRECT	

TALLAHASSE	E FL 32303	TALLAHASSEE FL 32303		# 14401100 B10 (B10)	PAREL AREIT BRITT AREIT BRITT	8 H418 H444	(11) 1 4 1 4 	
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO	O NOT WRITE IN THIS SP	ACE		
City & Stat	te	City & State		4. FEI Number	PLIED FOR		pplied For]
Zip Country		Zip	Country	5. Certificate of Status Desired \$8.75 Additional				1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
	or Hame and Address of Carrent	negistereu Agent	Name		s of New Registered Ag		· · · · ·	١.
HARRIS, GREGORY J		Street Address (P.O. Box Number is Not Acceptable)						
	AN PLACE				 ,			1
IALLAMA	SSEE FL 32309		City		FL	Zip Cod	е	-
8. The above	named entity submits this statement for	r the purpose of changing its r	egistered office or regis	tered agent, or both, in the	state of Florida.		<u> </u>	1
	De L	7			,			
SIGNATURE	The following				4/23	1/02		
ر ر	Signature, typed printer if the of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DATE		 -	
* *								1
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 DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	CTORS IN	10	-
TITLE	PD	☐ Delete	TITLE] Change	Addition	te
NAME	MCFADDEN, CALVIN J		NAME		•			6
STREET ADDRESS CITY-ST-ZIP	2781 WADE TRAIL TALLAHASSEE FL 32310		STREET ADDRESS					8
TITLE	TD	Delete	TITLE] Change	Addition	CR2E037 (9/01
NAME	ROBINSON, BEVERLY J	Li Doloto	NAME		L	_ Change		١٦
STREET ADDRESS	P.O. BOX 492051		STREET ADDRESS					
CITY-ST-ZIP	LEESBURG FL 34749		CITY-ST-ZIP					ļ.,
TITLE	EDWARDS, KAREN K	Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	5061 JEANETTE DRIVE		STREET ADDRESS					
CITY-ST-ZIP	MARIANNA FL 32448		CITY-ST-ZIP	•				
TITLE		☐ Delete	TITLE			Change	Addition	1
NAME STREET ADDRESS			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					l
TITLE		☐ Delete	TITLE] Change	- Addition	ł
NAME		L Delete	NAME		(_	J Change	☐ Addition	ļ
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	***				
TITLE NAME		☐ Delete	TITLE) Change	☐ Addition	Ì
STREET ADDRESS			NAME STREET ADDRESS					[
CITY-ST-ZIP			CITY-ST-ZIP				į	
12. I hereby ce	ertify that the information supplied with t	his filing does not qualify for the	no examption stated in C	Costion 110 07/0/// Flacida	Otation I forth a second			

1: I nereby 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.

SIGNATURE:

4/23/02 (850)385-5701 Dayline Phone #