

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002237

FILED
Jun 29, 2004
Secretary of State**Entity Name:** HEALTH PROMOTION PROGRAMS INITIATIVES, INCORPORATED**Current Principal Place of Business:**2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE, FL 32303**New Principal Place of Business:****Current Mailing Address:**2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE, FL 32303**New Mailing Address:****FEI Number:** 59-3760474**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARRIS, GREGORY J
2364 RYAN PLACE
TALLAHASSEE, FL 32309 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:** PD () Delete
Name: MCFADDEN, CALVIN J
Address: 2781 WADE TRAIL
City-St-Zip: TALLAHASSEE, FL 32310**Title:** TD () Delete
Name: ROBINSON, BEVERLY J
Address: P.O. BOX 492051
City-St-Zip: LEESBURG, FL 34749**Title:** SD () Delete
Name: EDWARDS, KAREN K
Address: 5061 JEANETTE DRIVE
City-St-Zip: MARIANNA, FL 32448**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CALVIN J. MCFADDEN

PD

06/29/2004

Electronic Signature of Signing Officer or Director

Date