

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002237

FILED  
Apr 26, 2005  
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

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date