

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002237

FILED
Apr 28, 2009
Secretary of State

Entity Name: HEALTH PROMOTION PROGRAMS INITIATIVES, INCORPORATED

Current Principal Place of Business:

1882 CAPITAL CIRCLE N.E.
SUITE 104
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1882 CAPITAL CIRCLE N.E.
SUITE 104
TALLAHASSEE, FL 32308

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:

PRATT, KENNETH D
207 EAST HILLCREST STREET
ORLANDO, FL 32801 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 exemption stated in Chapter 119, 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 MCFADDEN

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date