2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N97000002237

1. Entity Name

HEALTH PROMOTION PROGRAMS INITIATIVES, INCORPORA



Principal Place of Business Mailing Address 2639 NORTH MONROE STREET 2639 NORTH MONROE STREET SUITE 118-B SUITE 118-B TALLAHASSEE FL 32303 TALLAHASSEE FL 32303

FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90445 043 ****61.25

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2. Principal Place of Business		3. Ma	3. Mailing Address						
Suite, Ap	ot. #, etc.	Su	ite, Apt. #, etc.	<u> </u>			CHECK HERE IF MA	AKING CHANGE	S
City & State		Cit	City & State			4. FEI Number 59-3760474			· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip)	Country	·	5. Certificate of S	tatus Desired	\$8.75 Ac	dditional
	6. Name and Address	of Current Registere	d Agent	<u> </u>		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent			
1				Name		VI Italii alia Ade	aleas of New Neglat	ered Agent	
HARRIS	GREGORY J								
2364 RYAN PLACE				Street Address (P.O. Box Number is Not Acceptable)					
1	· — 								
IALLAM	ASSEE FL 32309								
}									
ĺ				City				Zip Cod	de
8. The abov	/e named entity submits this s	statement for the purp	oso of abanaina ita	and the second of the				<u> </u>	
the obliga	ations of registered agent.	statement for the burbe	ose or changing its	registered office	or registe	red agent, or both, in	the State of Florida.	I am familiar with	, and accept
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SIGNATURE							//	7/02	
	Signature typed or printed name of re	egistered agent and title if appl	cable. (NOTE	: Registered Agent sign	ature required	d when reinstating)		DATE	
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	FILE NOW: FEE IS \$6	1.25	-, .,	npaign Financing			Make C Florida De	heck Payable	to State
10.			9. Election Carr	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Florida De	epartment of	State
10.	OFFICE	11.25	9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be	Florida De	epartment of	State
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TITLE NAME STREET ADDRESS	PD MCFADDEN, CALVIN J 2781 WADE TRAIL	RS AND DIRECTORS	9. Election Cam Trust Fund C	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Florida De	partment of	State
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFADDEN, CALVIN J 2781 WADE TRAIL TALLAHASSEE FL 3231	RS AND DIRECTORS	9. Election Cam Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		\$5.00 May Be Added to Fees	Florida De	partment of	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MCFADDEN, CALVIN J 2781 WADE TRAIL TALLAHASSEE FL 3231 TD ROBINSON, BEVERLY J	RS AND DIRECTORS	9. Election Carr Trust Fund C	npaign Financing ontribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		\$5.00 May Be Added to Fees	Florida De	epartment of a DIRECTORS IN ☐ Change	State 1 10 Addition
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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 of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

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