

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007715

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** DISABLED PATRIOTS OF AMERCIA, INCORPORATED

**Current Principal Place of Business:**

702 NORTH E STREET  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

702 NORTH E STREET  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

FEI Number: 03-0519640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLAGHER, MARIA  
702 NORTH E STREET  
LAKE WORTH, FL 33460 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: PRES  
Name: GALLAGHER, MARIA  
Address: 702 NORTH E STREET  
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VP  
Name: WALKER, EFREM  
Address: 72 FIRESIDE LANE  
City-St-Zip: PONTIAC, MI 48340

Title: S  
Name: TIDWELL, KENNETH  
Address: 1753 ELLEN STREET NW  
City-St-Zip: ATLANTA, GA 30318

I hereby 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 all other like empowered.

SIGNATURE: MARIA GALLAGHER

PRES

04/25/2011

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

\_\_\_\_\_ Date