

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000003690

FILED
Jul 06, 2006
Secretary of State

Entity Name: DISABLED POLICE OFFICERS COUNSELING CENTER, INC.

Current Principal Place of Business:

9672 PENNSYLVANIA AVE.
UPPER MARLBORO, MD 20772

New Principal Place of Business:

9672 PRESIDENT PENNSYLVANIA AVE.
UPPER MARLBORO, MD 20772

Current Mailing Address:

222 GOVERNMENT AVE
STE C
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 52-1798881 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MORRISON, TERRY K
1697 VINE AVE
NICEVILLE, FL 32578 US

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: MORRISON, TERRENCE K M.A.
Address: 1697 VINE AVE
City-St-Zip: NICEVILLE, FL 32578

Title: DV () Delete
Name: MORRISON, LORNA M R.N.
Address: 1697 VINE AVE
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: GAINES, FRANK J JR
Address: 12801 CHEVAL COURT
City-St-Zip: UPPER MARLBORO, MD 20772

Title: D () Delete
Name: HARRISON, WILLIAM
Address: 401 CAPITOL HGTS BLVD
City-St-Zip: CAPITOL HGTS, MD 20743

Title: D () Delete
Name: HUNT, GREGG C M.A.
Address: 1612 NEELEY ROAD
City-St-Zip: SILVER SPRING, MD 20903

Title: D () Delete
Name: REINSTEIN, PAUL J J.D.
Address: 7127 ALLENTOWN ROAD
City-St-Zip: CAMP SPRINGS, MD 20744

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:

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 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: TERRY K. MORRISON

PRES

07/06/2006

Electronic Signature of Signing Officer or Director

_____ Date