

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F95000003690

FILED  
Oct 05, 2007  
Secretary of State

**Entity Name:** DISABLED POLICE OFFICERS COUNSELING CENTER, INC.

**Current Principal Place of Business:**

9672PRESIDENT PENNSYLVANIA AVE.  
UPPER MARLBORO, MD 20772

**New Principal Place of Business:**

**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: TERRY K. MORRISON

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 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

PD

10/05/2007

Electronic Signature of Signing Officer or Director

Date