## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003690

FILED Mar 27, 2010 Secretary of State

Entity Name: DISABLED POLICE OFFICERS COUNSELING CENTER, INC.

**New Principal Place of Business: Current Principal Place of Business:** 

222 GOVERNMENT AVE.,

STE C

NICEVILLE, FL 32578

**New Mailing Address: Current Mailing Address:** 

222 GOVERNMENT AVE.,

STEC

NICEVILLE, FL 32578 US

FEI Number: 52-1798881 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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:** 

MORRISON, TERRY K M.A. Name:

Address: 1697 VINE AVE City-St-Zip: NICEVILLE, FL 32578

Title: DV

Name: MORRISON, LORNA M R.N. Address: 1697 VINE AVE

City-St-Zip: NICEVILLE, FL 32578

Title:

GAINES, FRANK J JR Name: Address: 12801 CHEVAL COURT

City-St-Zip: UPPER MARLBORO, MD 20772

Title:

Name: HARRISON, WILLIAM 401 CAPITOL HGTS BLVD Address: City-St-Zip:

CAPITOL HGTS, MD 20743

Title:

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

Title:

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

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: TERRY K. MORRISON PD 03/27/2010