2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004
Secretary of State

DOCUMENT# N98000000281

Entity Name: DISABLED AND RETIRED POLICE OFFICERS EDUCATIONAL FUND, INC.

Current Principal Place of Business:

1697 VINE AVE.
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1697 VINE AVE.
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3491079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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: PD ( ) Delete
Name: MORRISON, TERRY K
Address: 1697 VINE AVE
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: D ( ) Delete
Name: HUNT, GRACE
Address: 1612 NEELY ROAD
City-St-Zip: SILVER SPRING, 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: D (X) Change ( ) Addition
Name: HUNT, GREGG
Address: 1612 NEELY ROAD
City-St-Zip: SILVER SPRING, MD 20744

I hereby certify that the information supplied with this filing does not qualify for the 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 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 02/09/2004

Electronic Signature of Signing Officer or Director — Date