

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000281

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** DISABLED POLICE OFFICERS OF AMERICA, INC.

**Current Principal Place of Business:**

222 GOVERNMENT AVE.  
SUITE C  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

222 GOVERNMENT AVE.  
SUITE C  
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 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: 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, GREGG  
Address: 1612 NEELY ROAD  
City-St-Zip: SILVER SPRING, MD 20744

Title: D ( ) Delete  
Name: HARRISON, WILLIAM  
Address: 2102 REDWOOD TERRACE  
City-St-Zip: TEMPLE HILLS, MD 20748

**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:

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

PRES

03/19/2009

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

\_\_\_\_\_  
Date