

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000281

FILED  
Mar 27, 2010  
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  
Name: MORRISON, TERRY K  
Address: 1697 VINE AVE  
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: D  
Name: HUNT, GREGG  
Address: 1612 NEELY ROAD  
City-St-Zip: SILVER SPRING, MD 20744

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

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

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

\_\_\_\_\_  
Date