2004

OFFICE OF THE ATTORNEY GENERAL
LAW ENFORCEMENT TELEPHONE SOLICITATION ACT
Tex. Rev. Civ. Stat. Ann. Art. 9023e (Vernon's 1997)

REGISTRATION FORM

Charitable Trusts Section
Consumer Protection Division
P.O. Box 12548
Austin, Texas 78711-2548
800-621-0508 512-463-2185

[ ] Initial Registration [X] Renewal Registration

1. Registrant name: Disabled Police Officers of America, Inc.

Assumed name (dba) or publication name:

Street Address: 1697 Vine Ave.

Mailing Address:

City: Niceville State: FL Zip: 32578

Telephone: (____) 850-729-0190 Fax: (____) 850-729-1081

Federal Tax ID# 59-3491079 State Tax Employer ID#

2. Attach a list providing the mailing address, street address, phone number and fax number of each office, chapter, local unit, branch or affiliate of registering organization.

3. Name and address of organization's registered agent:

4. Name, title, address and phone numbers of each officer, director, and executive director or other chief operating officer:
See attached list of officers/directors.

5. Name of each officer, director, or employee who is either compensated by the organization or has custody and control of funds of the organization:
Lorna Morrison Terry Morrison

6. Name of each officer, director, or employee who has been convicted of or pleaded nolo contendere to a misdemeanor involving fraud or the theft, misappropriation, misapplication, or misuse of property of another, or any felony, including the offense, and state, court and date of each conviction or plea of nolo contendere:
N/A

7. Incorporation date: 1/16/1998 State of incorporation: Florida

Date organization began doing business: 1/16/1998

Fiscal Year Ends: 12/31/03 (Month/Day)

8. If not incorporated, type of organization and date established:

9. Provide a statement describing the organization's charitable purposes and a list of the programs for which funds are solicited:
See attached statement of charitable purpose.

10. List the names, addresses and telephone numbers of the organization's accountants and auditors, and the method of accounting used:
J.J. Schmelzle & Co.
13321 New Hampshire Ave., Ste. 200 Silver Springs MD 20904

11. Provide the name and address of each commercial telephone solicitor, including subcontracted commercial telephone solicitors, engaged by the organization during the preceding 12 months (attach additional sheets as necessary): See attached.

Name:

Address:

Name: _____

Address: _____

12. The total amount of contributions received during [ ] the preceding 12 months **or** [✓] the preceding fiscal year:

$ 1,200,000. (APPROX.)

13. The total amount paid to commercial telephone solicitors during [ ] the preceding 12 months **or** [ ] the preceding fiscal year:

$ 900,000 (APPROX)

14. The total fund-raising costs during [ ] the preceding 12 months **or** [ ] the preceding fiscal year:

$ 100,000 (APPROX)

15. Has the organization applied for and been granted tax exempt status by the IRS?
[ ] No [x] Yes Date of Application _____

Date Exemption granted: 6/24/1998 IRS Exempt Code, if granted 3

16. Has tax exemption ever been denied, revoked or modified?: [ ] Yes [x] No
If yes, date of action: _____

17. Is the organization eligible to receive tax-deductible contributions under § 170, IRS Code of 1986 (26 U.S.C § 170)? [x] Yes [ ] No

ATTACHMENTS

1. Attach a copy of the organization's most recently filed IRS Form 990 and other federal tax returns, including all supplements, amendments and attachments to those returns, and any requests for extension to file those returns. If the organization has not filed a 990, attach a statement as to the reason none is filed, and a copy of the organization's most recent financial statements, including audited financial statements, if any have been prepared.

2. **Attach $50.00 filing fee payable to the Attorney General of Texas.**

3. Attach a signed copy of the commercial telephone solicitor statement obtained from each commercial telephone solicitor and each subcontracted telephone solicitor:

Officers & Directors

Frank Gaines, Director
12801 Cheval Court
Upper Marlboro, MD 20772 USA
301-627-1935

SSN: **395-05-5745**

Gregg Hunt, Director
1166 Amber Way
Owings, MD 20736 USA
301-812-0210

State of Birth: MD
SSN: **326-50-6379**

Lorna Morrison, VP/Sec.
1697 Vine Ave.
Niceville, FL 32578 USA
850-729-0190

DOB: 5/21/1955 State of Birth: DC
SSN: **219-46-8397**
DL#: M625-533-55-681-0 DL State: FL

Terry Morrison, Pres./Treas.
1697 Vine Ave.
Niceville, FL 32578 USA
850-729-0190

DOB: 6/19/2050 State of Birth: OH
SSN: **217-48-5109**
DL#: M625-811-80-219-0 DL State: FL

States Where Registered

Alaska 907-269-5100 1031 W. 4th Ave., Suite 200 Anchorage AK 99501-1994	Alabama 334-242-7334 11 South Union Street Montgomery AL 36130	Arkansas 501-682-2341 323 Center Street, 200 Tower Bldg Little Rock AR 72201
Arizona 602-542-4285 1700 W. Washington St., 7th Floor Phoeniz AZ 85007-2808	California 916-323-5076 1300 I Street, Suite 101 Sacramento CA 95814	Colorado 303-894-2680 1560 Broadway, Suite 200 Denver CO 80202
Connecticut 860-808-5030 55 Elm Street Hartford CT 06106	Florida 727-464-7988 15251 Roosevelt Blvd., Suite 209 Clearwater F1 33760	Florida 850-410-3707 407 S. Calhoun Street, #218 Tallahassee FL 32399
Georgia 404-656-4911 2 Martin Luther King Jr. Dr. SE, #802 Atlanta GA 30334	Illinois 312-814-2595 100 W. Randolph St., 12th Fl. Chicago IL 60601	Indiana 317-232-2240 100 N. Senate Ave., Room 201 Indianapolis IN 46204
Kansas 785-296-4565 120 S.W. 10th Ave., 1st Flr. Mem. Hall Topeka KS 66612-1594	Kentucky 502-696-5389 1024 Capital Center Drive Frankfort KY 40601	Louisiana 225-342-7900 301 Main Street, Suite 1250 Baton Rouge LA 70801
Massachusetts 617-727-2235 1 Ashburton Place Boston MA 02108	Maryland 410-974-5534 State House Annapolis MD 21401	Maine 207-624-8624 State House Station 35 Augusta ME 04333-0035
Michigan 517-373-1152 690 Law Bldg, 525 W. Ottawa Street Lansing MI 48913	Minnesota 651-296-6172 445 Minnesota Street, Suite 1200 St Paul MN 55101-2130	Missouri 573-751-1197 P O Box 899 Jefferson City MO 65102
Mississippi 601-359-1371 P O Box 136 Jackson MS 39205	North Carolina 919-807-2214 2 South Salisbury Street Raleigh NC 27601	North Dakota 701-328-2900 600 East Boulevard Bismarck ND 58505
New Hampshire 603-271-3591 33 Capitol Street Concord NH 03301-6397	New Jersey 973-504-6262 124 Halsey Street, 7th Floor Newark NJ 07101	New Mexico 505-222-9000 111 Lomas Blvd., NW, Suite 300 Albuquerque NM 87102
New York 518-486-9797 41 State Street, 12th Floor Albany NY 12207	Ohio 614-466-3180 101 East Town Street Columbus OH 43215-5148	Oklahoma 405-521-3911 2300 N. Lincoln Blvd., Room 101 Oklahoma City OK 73105
Oregon 503-229-5725 1515 SW 5th Avenue, Suite 410 Portland OR 97201	Pennsylvania 717-783-1720 207 North Office Building Harrisburg PA 17120	Rhode Island 401-222-5413 233 Richmond Street, Suite 232 Providence RI 02903
South Carolina 803-734-1790 P.O. Box 11350 Columbia SC 29211	Tennessee 615-741-2555 312 Eighth Avenue North, 8th Floor Nashville TN 37243-0308	Texas 512-475-0775 1019 Brazos Austin TX 78701
Utah 801-530-6601 160 East 300 South Salt Lake City UT 45804	Virginia 804-786-1343 1100 Bank Street Richmond VA 23219	Washington 360-753-0863 801 Capitol Way South Olympia WA 98504-0234
Wisconsin 608-266-5511 1400 E. Washington Avenue Madison WI 53702	West Virginia 304-558-6000 1900 Kanawha Blvd., East Charleston WV 25305	

Purpose Statement

Disabled Police Officers of America, Inc.

The Disabled and Retired Police Officers Educational Fund (DRPOEF) was established to help fill a void in the lives of many police officers separated from the career they loved, either by voluntary retirement or forced separation due to a disabling injury. Too often officers find themselves unprepared, untrained or undereducated for meaningful civilian employment. With ten years of experience in counseling retired and disabled police officers, the founders of the DRPOEF determined several constant factors existed. With appropriate career counseling, most officers score high in many career fields, but unfortunately, many of those career fields require college degrees or vocational training that many of the officers cannot afford to pursue on their own. With limited pensions, college or trade school tuition and books is often beyond their means. The DRPOEF intends to provide this much needed bridge to the future of these hereos in our communities. The DRPOEF Mission is to provide financial scholarships to those disabled and retired law enforcement officers requesting them, funds permitting. Annual scholarships of up to $ 1,000.00 per year will be awarded to those officers that apply and qualify. Officers may apply and qualify on an annual basis for these scholarship awards. The DRPOEF is committed to helping these gallant officers achieve their goal of becoming a productive and gainfully employed citizen in their community. Obtaining and performing a job or trade that they have chosen for themselves. There are no limits as to how many scholarships a disabled or retired officer may receive. They are committed to achieve their goal and our goal is to assist them in that achievement.

List of Professional Fundraisers

Nationwide Fundraisers, Inc.
255 S. Airport Rd.
Naples, FL 34014

REGISTRANT AFFIDAVIT

I, TERRY K. MORRISON, an authorized representative of:

DISABLED POLICE OFFICERS of America,

declare that the registering organization has attempted in good faith to comply with all applicable Texas, county, and municipal ordinances regarding telephone solicitations and hereby certify that the above information contained in the registration statement and all attachments to the statement are true, correct, and complete, to the best of my knowledge.

STATE OF FLORIDA
COUNTY OF OKALOOSA

Terry K. Morrison
Signature of affiant

Sworn to and subscribed before me on the 22 day of APR, 2004.

Ralph Edward Thien
My Commission DD297518
Expires March 21, 2008

NOTARY PUBLIC

COMMERCIAL TELEPHONE SOLICITOR STATEMENT

I, Kim Murray, an authorized representative of: NATIONWIDE FUNDRAISERS, INC.

_____ declare I am engaged by the registering organization to perform telephone solicitations. I have complied with all state and local registration laws.

Kim Murray
Printed name

Signature

REGISTRATION UNDER THIS ACT DOES NOT IMPLY ENDORSEMENT BY THE STATE OF TEXAS OR THE ATTORNEY GENERAL, AND ORGANIZATIONS AND ENTITIES ARE PROHIBITED FROM STATING OR IMPLYING TO THE CONTRARY.

COMMERCIAL TELEPHONE SOLICITOR STATEMENT

I, BRADFORD MASON is an authorized representative of: NEWPORT CREATIVE COMMUNICATION

_____ declare I am engaged by the registering organization to perform telephone solicitations. I have complied with all state and local registration laws.

Direct mail

BRADFORD MASON
Printed name

Signature

REGISTRATION UNDER THIS ACT DOES NOT IMPLY ENDORSEMENT BY THE STATE OF TEXAS OR THE ATTORNEY GENERAL, AND ORGANIZATIONS AND ENTITIES ARE PROHIBITED FROM STATING OR IMPLYING TO THE CONTRARY.

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Note: *Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

PART I **Automatic 3-Month Extension of Time**-Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization	Employer identification number
	DISABLED & RETIRED POLICE OFFICERS EDUCATIONAL FUND	59-3491079
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 1697 VINE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NICEVILLE, FL 32578	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the **whole** group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15/2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for.
▶ [X] calendar year 2003 or
▶ [ ] tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ _____
c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [signature] Title ▶ CPA Date ▶ 5/13/2004

(HTA) **For Paperwork Reduction Act Notice, see Instruction**