

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N12000001158

**Entity Name:** DAYS OF GLORY, INC.

**Current Principal Place of Business:**

4714 SW 67 AVE, #C-11  
MIAMI, FL 33155

**Current Mailing Address:**

4714 SW 67 AVE, #C-11  
MIAMI, FL 33155

**FEI Number:** 45-4620978

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VADIA, MARIA  
4714 SW 67 AVE, #C-11  
MIAMI, FL 33155 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

**Officer/Director Detail :**

Title P  
Name VADIA, MARIA  
Address 4714 SW 67 AVE, #C-11  
City-State-Zip: MIAMI FL 33155

Title VP  
Name SANTI, PRISCILLA  
Address 42257 W RUMMY RD  
City-State-Zip: MARICOPA AZ 85238

Title S  
Name BEATO, CRISTINA  
Address 5031 MAGGIORE ST  
City-State-Zip: CORAL GABLES FL 33146

Title D  
Name DI LORENZO, TOM FATHER  
Address C/O HOLY ROSARY CHURCH-993 SHIRLEY ST  
City-State-Zip: WINTHROP MA 02152

Title D  
Name LEONE, VALLI  
Address 364 KING AVENUE  
City-State-Zip: KEY LARGO FL 33037

Title DIRECTOR  
Name BROWN, FLOREDENIS  
Address 14130 SW 151 CT.  
City-State-Zip: MIAMI FL 33196

Title T  
Name MURRAY, YVONNE  
Address 18374 N CELIS ST  
City-State-Zip: MARICOPA AZ 85138

*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:** YVONNE D MURRAY

**TREASURER**

**04/12/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date