

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000061071

**Entity Name:** DAYS OF VICTORY CENTER FOR AUTISM INC.

**Current Principal Place of Business:**

640 INDEPENDENCE PKWY  
400B  
CHESAPEAKE, VA 23320

**Current Mailing Address:**

640 INDEPENDENCE PKWY  
400B  
CHESPEAKE, VA 23320 US

**FEI Number:** 81-3231982

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DR.  
150A  
TAMPA, FL 33607 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:** BILL HAVRE

04/25/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name THOMAS, GIDEON M SR.  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

Title P  
Name THOMAS, GIDEON M SR.  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

Title COO  
Name THOMAS, LATOYA A  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

Title VP  
Name THOMAS, LATOYA A  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

Title DIR  
Name THOMAS, GIDEON M SR.  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

Title DIR  
Name THOMAS, LATOYA A  
Address 640 INDEPENDENCE PKWY  
400B  
City-State-Zip: CHESAPEAKE VA 23320

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GIDEON THOMAS

PRESIDENT

04/25/2018

Electronic Signature of Signing Officer/Director Detail

Date