

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000061071

**FILED
Jun 29, 2020
Secretary of State
1082060070CC**

Entity Name: DAYS OF VICTORY CENTER FOR AUTISM INC.

Current Principal Place of Business:

640 INDEPENDENCE PKWY
STE 400
CHESAPEAKE, VA 23320

Current Mailing Address:

640 INDEPENDENCE PKWY
STE 400
CHESAPEAKE, VA 23320 US

FEI Number: 81-3231982

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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

06/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title DIR
Name THOMAS, LATOYA A
Address 640 INDEPENDENCE PKWY
STE 400
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

06/29/2020

Electronic Signature of Signing Officer/Director Detail

Date