

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008252

FILED
Apr 13, 2009
Secretary of State

Entity Name: SHATTERING DARKNESS INC.

Current Principal Place of Business:

400 N. 4TH AVENUE
DILLON, SC 29536

New Principal Place of Business:

Current Mailing Address:

400 N. 4TH AVENUE
DILLON, SC 29536

New Mailing Address:

FEI Number: 20-1785476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREY, JULIA L
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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: P () Delete
Name: ARNETTE, JAMIE
Address: 400 N. 4TH AVE.
City-St-Zip: DILLON, SC 29536

Title: D () Delete
Name: DECKER, CHERYL
Address: 10664 LAKE MINEOLA SHORES
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: WALLACE, LINDA
Address: 180 BROOKESTONE PT
City-St-Zip: FAYETTEVILLE, GA 30215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LINDA D. WALLACE

SEC

04/13/2009

Electronic Signature of Signing Officer or Director

Date