

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008252

FILED
Jan 17, 2012
Secretary of State

Entity Name: SHATTERING DARKNESS INC.

Current Principal Place of Business:

180 BROOKESTONE POINT
FAYETTEVILLE, GA 30215

New Principal Place of Business:

Current Mailing Address:

180 BROOKESTONE POINT
FAYETTEVILLE, GA 30215

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: T
Name: BASSETT, KAREN
Address: P.O. BOX 71844
City-St-Zip: NEWNAN, GA 30271 US

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

Title: D
Name: WALLACE, LINDA
Address: 180 BROOKESTONE PT
City-St-Zip: FAYETTEVILLE, GA 30215 US

Title: S
Name: KORT, NANCY
Address: 12321 WATER OAK DRIVE
City-St-Zip: FT. WORTH, TX 76244 US

Title: D
Name: FITZGIBBON, TIMOTHY DR.
Address: 3058 RAVENCLIFF LANE
City-St-Zip: DILLON, SC 29536 US

Title: D
Name: TYLER, BOBBY REV.
Address: 6561 HORATIO COURT
City-St-Zip: LAS VEGAS, NV 89141 US

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: LINDA D. WALLACE

D

01/17/2012

Electronic Signature of Signing Officer or Director

Date