

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008252

Entity Name: SHATTERING DARKNESS INC.**Current Principal Place of Business:**180 BROOKESTONE POINT
FAYETTEVILLE, GA 30215**Current Mailing Address:**PO BOX 71844
NEWNAN, GA 30271 US**FEI Number:** 20-1785476**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FREY, JULIA L
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 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 DIRECTOR
Name DECKER, CHERYL
Address 5925 OLIVERA CANYON
City-State-Zip: SANTA MARIA CA 93454

Title SECRETARY
Name KORT, NANCY
Address 12321 WATER OAK DRIVE
City-State-Zip: FT. WORTH TX 76244

Title DIRECTOR
Name DAVIDSON, RUSS
Address 5606 E CONSERVATORY PL.
City-State-Zip: STRAFFORD MO 65757

Title DIRECTOR OF BURKINA FASO
MINISTRY AND MISSIONS
Name HIEN, PATRICE
Address BP 41
City-State-Zip: DIEBOUGOU BURKINA FASO

Title DIRECTOR
Name WALLACE, LINDA
Address 180 BROOKESTONE PT
City-State-Zip: FAYETTEVILLE GA 30215

Title PRESIDENT
Name MITCHELL, BILL
Address 3951 CORVETA CT.
City-State-Zip: ORLANDO FL 32837

Title MISSIONARY, EXECUTIVE DIRECTOR
Name KENNEDY, DOROTHY LYNN
Address 14 SETTER PLACE
City-State-Zip: BETHEL PARK PA 15102

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**DIRECTOR****02/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date