

**2018 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:**

180 BROOKESTONE POINT  
FAYETTEVILLE, GA 30215

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

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

Title PRESIDENT  
Name MITCHELL, BILL  
Address 3000 S JOHN YOUNG PARKWAY  
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR  
Name DAVIDSON, RUSS  
Address 200 TROON DRIVE  
City-State-Zip: PRINCETON KY 42445

*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**

**01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date