

**2020 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****01/16/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date