

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000007795

**FILED**  
**Jan 17, 2025**  
**Secretary of State**  
**3075892209CC**

**Entity Name:** SHADOWS OF STRENGTH, INC

**Current Principal Place of Business:**

8668 NAVARRE PARKWAY  
#265  
NAVARRE, FL 32566

**Current Mailing Address:**

8668 NAVARRE PARKWAY  
#265  
NAVARRE, FL 32566 US

**FEI Number:** 88-3344795

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MITCHELL, BRANDI  
8668 NAVARRE PARKWAY  
#265  
NAVARRE, FL 32566 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:** BRANDI MITCHELL

01/17/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            CEO  
Name            MITCHELL, BRANDI  
Address        8668 NAVARRE PARKWAY  
                  #265  
City-State-Zip: NAVARRE FL 32566  
  
Title            T  
Name            DECAMP, HAYLIE  
Address        8668 NAVARRE PARKWAY #265  
City-State-Zip: NAVARRE FL 32566

Title            COO  
Name            MCMANUS, SARAH  
Address        8668 NAVARRE PARKWAY  
                  #265  
City-State-Zip: NAVARRE FL 32566  
  
Title            S  
Name            PRASAD, DOREEN  
Address        8668 NAVARRE PARKWAY  
City-State-Zip: NAVARRE FL 32566

*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:** BRANDI MITCHELL

**FOUNDER**

01/17/2025

Electronic Signature of Signing Officer/Director Detail

Date