

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000225

FILED
Apr 05, 2005
Secretary of State

Entity Name: CUTTING EDGE MINISTRIES, INC.

Current Principal Place of Business:

P. O. BOX 1640
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1640
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-1066365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WENDELL G
P. O. BOX 1640
WAUCHULA, FL 33873 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: PD () Delete
Name: SMITH, WENDELL G
Address: P. O. BOX
City-St-Zip: WAUCHULA, FL 33873

Title: VD () Delete
Name: SMITH, TYINA
Address: P. O. BOX
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: DELOS SANTOS, ELIAS
Address: 252 OLD DIXIE HWY
City-St-Zip: BOWLING, FL 33834

Title: D () Delete
Name: ZIMMER, RON
Address: P.O. BOX 716
City-St-Zip: AVON PARK, FL 33826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALKER, ANITA
Address: 1104 BARTOW RD
City-St-Zip: LAKE LAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WENDELL G. SMITH

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date