

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # N01000000225

1. Entity Name
CUTTING EDGE MINISTRIES, INC.



Principal Place of Business
**P. O. BOX 1640
WAUCHULA, FL 33873**

Mailing Address
**P. O. BOX 1640
WAUCHULA, FL 33873**



04302007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1066365

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WENDELL G
P. O. BOX 1640
WAUCHULA, FL 33873**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000760567
05/25/07-80019-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WENDELL G
STREET ADDRESS	P. O. BOX 1640
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	VD
NAME	SMITH, TYINA
STREET ADDRESS	P. O. BOX 1640
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	D
NAME	DELOS SANTOS, ELIAS
STREET ADDRESS	252 OLD DIXIE HWY
CITY-ST-ZIP	BOWLING, FL 33834
TITLE	D
NAME	WALKER, ANITA
STREET ADDRESS	1104 BARTOW RD
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wendell Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/07 *(863) 581-7610*