

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000000225

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** CUTTING EDGE MINISTRIES, INC.

**Current Principal Place of Business:**

713 N 7TH AVE  
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  
713 N 7TH AVE  
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  
**Name:** SMITH, WENDELL G  
**Address:** P. O. BOX 1640  
**City-St-Zip:** WAUCHULA, FL 33873

**Title:** VD  
**Name:** SMITH, TYINA  
**Address:** P. O. BOX 1640  
**City-St-Zip:** WAUCHULA, FL 33873

**Title:** D  
**Name:** DELOS SANTOS, ELIAS  
**Address:** 532 S. LUNA CT.  
**City-St-Zip:** HOLLYWOOD, FL 33021

**Title:** D  
**Name:** SNEIDER, ELIZABETH  
**Address:** 2450 THORNTON RD  
**City-St-Zip:** ZOLFO, FL 33890

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:** WENDELL G. SMITH

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date