

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000010258

**Entity Name:** CUTTING EDGE MINISTRIES OF LAKELAND INC.

**FILED**  
**Apr 18, 2013**  
**Secretary of State**  
**CC5971632173**

**Current Principal Place of Business:**

724 ARBOR GLEN CIRCLE  
APT. 201  
LAKELAND, FL 33805

**Current Mailing Address:**

724 ARBOR GLEN CIRCLE  
APT. 201  
LAKELAND, FL 33805 US

**FEI Number: 35-2458696**

**Certificate of Status Desired: No**

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

HUTCHINSON, JAMES T  
724 ARBOR GLEN CIRCLE  
APT. 201  
LAKELAND, FL 33805 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 P  
Name HUTCHINSON, JAMES T  
Address 724 ARBOR GLEN CIRCLE  
APT. 201  
City-State-Zip: LAKELAND FL 33805

Title VP  
Name HUTCHINSON, VENSHELLE  
Address 724 ARBOR GLEN CIRCLE  
APT. 201  
City-State-Zip: LAKELAND FL 33805

Title D  
Name MOBLEY, DAVID  
Address 2789 HIGHLANDS CREEK DR.  
City-State-Zip: LAKELAND FL 33813

Title D  
Name MOBLEY, TANGELA  
Address 2789 HIGHLANDS CREEK DR.  
City-State-Zip: LAKELAND FL 33813

Title D  
Name STANCIL, SONYA  
Address 1202 MONTREY WAY DR.  
City-State-Zip: LAKELAND FL 33805

Title D  
Name ALLEN, ROY  
Address 905 HEARTLAKE COURT  
City-State-Zip: WINTER HAVEN FL 33884

*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: JAMES T. HUTCHINSON**

**PRESIDENT**

**04/18/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date