FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45371** **(4)**

1. Corporation Name

THE PICKERING MINISTRIES, INC.

Principal Place of Business	Mailing Address
P O BOX 677549 ORLANDO FL 32867	P O BOX 677549 ORLANDO FL 32867

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/27/1991**
3a. Date of Last Report: **07/14/1994**
4. FEI Number: **59-3121053** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite Apt. # etc. 22	Suite Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

JORDAN, EDWARD P., II
111 N. ORANGE AVENUE
SUITE 1800
ORLANDO FL 32802-2193

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, a new registered agent must be designated) (Date)

12. OFFICERS AND DIRECTORS		13. Amendment(s) (Changes, Additions, or Deletions)
01 TITLE	PD	☐ Change ☐ Addition
NAME	PICKERING, MAX R.	
STREET ADDRESS	7116 TURQUOIS LANE	
CITY-ST-ZIP	ORLANDO FL	
02 TITLE	VD	☐ Change ☐ Addition
NAME	PICKERING, DON SR	
STREET ADDRESS	6354 MAINSAIL CT	
CITY-ST-ZIP	ORLANDO FL	
03 TITLE	D	☐ Change ☐ Addition
NAME	PICKERING, DEAN	
STREET ADDRESS	703 LAKESIDE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
04 TITLE	SD	☐ Change ☐ Addition
NAME	PICKERING, TWANDA	
STREET ADDRESS	703 LAKESIDE DRIVE	
CITY-ST-ZIP	WINTER SPRINGS FL	
05 TITLE	TD	☐ Change ☐ Addition
NAME	PICKERING, DEBE	
STREET ADDRESS	6354 MAINSAIL COURT	
CITY-ST-ZIP	ORLANDO FL	
06 TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, if changed, or is added for the first time.

SIGNATURE: Debe Pickering Treasurer Debe Pickering 5/16/95 407-275-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0035020