

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45371

1. Entity Name

THE PICKERING MINISTRIES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90025 040 ****61.25

Principal Place of Business

Mailing Address

P O BOX 677549
ORLANDO FL 32867

6354 MAINSAIL CT
ORLANDO FL 32807-5930
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3121053

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☐ Delete
NAME	PICKERING, DON SR	
STREET ADDRESS	6354 MAINSAIL CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ Delete
NAME	PICKERING, DEAN	
STREET ADDRESS	703 LAKESIDE DR	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	STD	☐ Delete
NAME	PICKERING, DEBE	
STREET ADDRESS	6354 MAINSAIL COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	408 S Deerwood Ave	
STREET ADDRESS	ORLANDO FL 32825	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	TWANDA Pickering	
STREET ADDRESS	408 S. Deerwood Ave.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DEBE Pickering 4/11/2000 407-282-4200

CR2E037 (9/99)