

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90078 045 ****61.25

DOCUMENT # N45371	
1. Entity Name THE PICKERING MINISTRIES, INC.	

Principal Place of Business 6354 MAINSAIL CT ORLANDO FL 32807	Mailing Address 6354 MAINSAIL CT ORLANDO FL 32867 US
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2. Principal Place of Business 250 W. Highland St	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Altamonte Springs FL	City & State
Zip 32714	Country USA



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent JORDAN, EDWARD P., II 111 N. ORANGE AVENUE SUITE 1800 ORLANDO FL 32802-2193	
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4. FEI Number 59-3121053	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

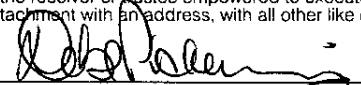
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PICKERING, DON SR 6354 MAINSAIL CT ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PICKERING, DEAN 408 S DEERWOOD AVE ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PICKERING, DEBE 6354 MAINSAIL COURT ORLANDO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PICKERING, TWANDA 408 S DEERWOOD AVE ORLANDO FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **4-14-04 4077581174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #