2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90010 024 ****61.25

N45371

1. Entity Name
THE PICKERING MINISTRIES, INC.

Principal Place of Business	Mailing Address
408 S DEERWOOD AVE ORLANDO, FL 32825	408 S DEERWOOD AVE ORLANDO, FL 32825 US

03082007

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	250 W. HIGHLAND ST. Suite, Apt. #, etc
City & State	City & State: ALTAMONTE SPRINGS, FL.
Zip / Country	Zip: 32714 / Country: SEM. NOLE

4. FEI Number: 59-3121053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDAN, EDWARD P., II 111 N. ORANGE AVENUE SUITE 1800 ORLANDO, FL 32802-2193	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00

Make check payable to Florida Department of State

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	PD PICKERING, DEAN ~~408 S DEERWOOD AVE~~ ~~ORLANDO, FL 32825~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 250 W. HIGHLAND ST. ALTAMONTE SPRINGS, FL. 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD 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 STD ERMA PICKERING 250 W. HIGHLAND ST. ALTAMONTE SPRINGS, FL. 32714
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 exemptions contained in Chapter 119, 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: _____ 4-20-07 407-788-6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #