

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N45371

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** THE PICKERING MINISTRIES, INC.

**Current Principal Place of Business:**

250 W. HIGHLAND ST.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

250 W. HIGHLAND ST  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

**FEI Number:** 59-3121053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JORDAN, EDWARD P. , II  
111 N. ORANGE AVENUE  
SUITE 1800  
ORLANDO, FL 328022193 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** PICKERING, DON SR  
**Address:** 250 W. HIGHLAND ST  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** PD  
**Name:** PICKERING, DEAN  
**Address:** 250 W. HIGHLAND ST  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** STD  
**Name:** PICKERING, ERMA  
**Address:** 250 W. HIGHLAND ST  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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:** DEAN PICKERING

PD

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date