

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000009858

**Entity Name:** KINGDOM PEOPLE WITH A VISION MINISTRIES, INC.

**Current Principal Place of Business:**

14347 DELMAR ST  
DADE CITY, FL 33525

**Current Mailing Address:**

14347 DELMAR ST  
DADE CITY, FL 33525 US

**FEI Number:** 38-3889736

**Certificate of Status Desired:** No

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

HUNTER, LILLIAN K  
14347 DELMAR STREET  
DADE CITY, FL 33525 US

*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

**Officer/Director Detail :**

Title P  
Name HUNTER, LILLIAN K  
Address 14347 DELMAR ST  
City-State-Zip: DADE CITY FL 33525

Title T  
Name ELLIOTT, STEPHANIE V  
Address 14347 DELMAR ST  
City-State-Zip: DADE CITY FL 33525

Title T  
Name SIMS, FANNIE L  
Address 14347 DELMAR ST  
City-State-Zip: DADE CITY FL 33525

Title SECRETARY  
Name HILL, SHIDE S  
Address 14347 DELMAR ST  
City-State-Zip: DADE CITY FL 33525

*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:** LILLIAN HUNTER

PASTOR

04/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date