

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000024857

**Entity Name:** KINGDOM PIONEER INSTITUTE, LLC

**Current Principal Place of Business:**

4600 MOBILE HWY  
PMB 194  
PENSACOLA, FL 35206

**Current Mailing Address:**

4600 MOBILE HWY  
PMB 194  
PENSACOLA, FL 35206 US

**FEI Number:** 82-4099532

**Certificate of Status Desired:** No

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

GLAZE, LAQUETTA H  
4600 MOBILE HWY  
PMB 194  
PENSACOLA, FL 35206 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

**Authorized Person(s) Detail :**

Title CHIEF VISIONARY OFFICER  
Name GLAZE, LAQUETTA H  
Address 4600 MOBILE HWY  
PMB 194  
City-State-Zip: PENSACOLA FL 32506

Title COO  
Name GLAZE, TERENCE D  
Address 4600 MOBILE HWY  
PMB 194  
City-State-Zip: PENSACOLA FL 32506

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAQUETTA GLAZE

**CVO**

**04/14/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date