


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

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

04-14-2004 90245 001 \*\*\*\*61.25  
04-14-2004 90245 002 \*\*\*\*70.00

<b>DOCUMENT # N02000004741</b>	
1. Entity Name <b>KINGDOM SUPPORT, INC.</b>	

Principal Place of Business <b>PO BOX 136 DE LEON SPRINGS FL 32130 US</b>	Mailing Address <b>PO BOX 136 DE LEON SPRINGS FL 32130 US</b>
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2. Principal Place of Business <b>4016 MAGUIRE BLVD.</b>		3. Mailing Address <b>4016 MAGUIRE BLVD.</b>	
Suite, Apt. #, etc. <b>3209</b>		Suite, Apt. #, etc. <b>3209</b>	
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>	
Zip <b>32803</b>	Country <b>USA</b>	Zip <b>32803</b>	Country <b>USA</b>

66411141



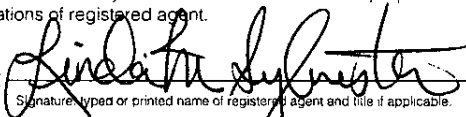
MOORE CR2E037 (11/03)

4. FEI Number <b>03-0451096</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SYLVESTER, LINDA 839 SPRING GARDEN RANCH RD PO BOX 136 DE LEON SPRINGS FL 32130</b>	
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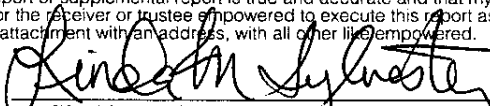
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>Linda M. Sylvester, President</b>	<b>03/05/04</b>
Signature typed or printed name of registered agent and title if applicable.		DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SYLVESTER, LINDA <del>PO BOX 136</del> DE LEON SPRINGS FL 32130 <b>address change</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORANGO, ROBERT PO BOX 0519 DICKSON TN 37056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TORANGO, CHARLOTTE PO BOX 0519 DICKSON TN 37056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DODSON, MARK PO BOX 0519 DICKSON TN 37056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP <b>LINDA SYLVESTER</b> <b>4016 MAGUIRE BLVD. # 3209</b> <b>ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Deirdre Horton</b> <b>195 W. Main Street</b> <b>Geneva, FL 32732</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>Linda Sylvester</b> <b>4016 MAGUIRE BLVD. # 3209</b> <b>ORLANDO, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>DEIRDRE HORTON</b> <b>195 W. MAIN STREET</b> <b>GENEVA, FL 32732</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	<b>03/05/04</b> <b>407-443-9063</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #