

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90126 039 \*\*\*\*61.25

**DOCUMENT # N02000004741**

1. Entity Name  
**KINGDOM SUPPORT, INC.**



Principal Place of Business  
**4856 E MICHIGAN ST #3  
ORLANDO FL 32812**

Mailing Address  
**4856 E MICHIGAN ST #3  
ORLANDO FL 32812**

**55044543**

2. Principal Place of Business  
**P.O. BOX 136**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 136**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**DeLeon Springs, FL**  
Zip  
**32130** Country  
**USA**

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**DeLeon Springs, FL**  
Zip  
**32130** Country  
**USA**

4. FEI Number  
**03-0451096**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SYLVESTER, LINDA  
4856 E MICHIGAN ST #3  
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name  
**Linda Sylvester**  
Street Address (P.O. Box Number is Not Acceptable)  
**P.O. BOX 136 Spring Garden Ranch Rd.**  
City  
**DeLeon Springs** FL Zip Code  
**32130**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PO SYLVESTER, LINDA  
4856 E MICHIGAN ST #3  
ORLANDO FL 32812** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD TORANGO, ROBERT  
PO BOX 0519  
DICKSON TN 37056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD TORANGO, CHARLOTTE  
PO BOX 0519  
DICKSON TN 37056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD DODSON, MARK  
PO BOX 0519  
DICKSON TN 37056** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Linda Sylvester  
P.O. BOX 136  
DeLeon Springs, FL 32130** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

**Linda M Sylvester**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Linda M Sylvester 04/22/03 386-748-1645**  
Date Daytime Phone #

CP2E037 (10/02)