


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

**FILED**  
**Mar 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000727**

1. Entity Name  
**MOUNT OLIVE PRIMITIVE CEMETERY, INC.**



Principal Place of Business      Mailing Address

**1300 EAST CANAL STREET  
 MULBERRY FL 33860**      **1300 EAST CANAL STREET  
 MULBERRY FL 33860**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



MOORE CR2E037 (11/03)

4. FEI Number **65-0664866**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SEIGLER, A.M. JR.  
 1300 EAST CANAL STREET  
 MULBERRY FL 33860**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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  
 Due By May 1, 2004**

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      | PB<br>SEIGLER, A.M. JR.    | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 1300 EAST CANAL STREET     |                                 |
| CITY - ST - ZIP | MULBERRY FL 33860          |                                 |
| TITLE NAME      | VD<br>KILPATRICK, ROBERT V | <input type="checkbox"/> Delete |
| STREET ADDRESS  | 1617 STEPHANIE LANE        |                                 |
| CITY - ST - ZIP | LAKELAND FL 33813          |                                 |
| TITLE NAME      | STD<br>ROWAND, BENJAMIN F  | <input type="checkbox"/> Delete |
| STREET ADDRESS  | P.O. BOX 1 N/A             |                                 |
| CITY - ST - ZIP | BRADLEY FL 33835           |                                 |
| TITLE NAME      |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE NAME      |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE NAME      |                            | <input type="checkbox"/> Delete |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                 |                          |   |
|-----------------|--------------------------|---|
| TITLE NAME      |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                          |   |
| CITY - ST - ZIP |                          |   |
| TITLE NAME      |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  | U00000075112             |   |
| CITY - ST - ZIP | 03/03/04-80047-001 61.25 |   |
| TITLE NAME      |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                          |   |
| CITY - ST - ZIP |                          |   |
| TITLE NAME      |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                          |   |
| CITY - ST - ZIP |                          |   |
| TITLE NAME      |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Benjamin F Rowand      3-1-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #