


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90032 048 ****61.25

DOCUMENT # N95000000727


1. Entity Name
MOUNT OLIVE PRIMITIVE CEMETERY, INC.



Principal Place of Business Mailing Address
1900 EAST CANAL STREET **1900 EAST CANAL STREET**
MULBERRY FL 33860 **MULBERRY FL 33860**

2. Principal Place of Business 3. Mailing Address
1617 Stephanie Ln **1617 Stephanie Ln**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lakeland, FL **Lakeland, FL**
 Zip Country Zip Country
33813 **Polk** **33813** **Polk**



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
65-0664866 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
~~**Robert V. Kilpatrick**~~
 Street Address (P.O. Box Number is Not Acceptable)
1617 Stephanie Lane
 City State Zip Code
Lakeland **FL** **33813**

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 *Robert V. Kilpatrick* **ROBERT V. KILPATRICK** **03/17/05**
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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Rowand, Benjamin F. 6880 Hwy 37 South Bradley, FL 33835	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert V. Kilpatrick* **ROBERT V. KILPATRICK** **03/17/05 (863) 646 4164**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #