# N95000000727

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Amend.

10/31

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MT OL	IVE PRIMITIVE	CEMETERY, INC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee	are submitted for filing	3.
Please return all correspondence concerning th	is matter to the follow	ing:
Martha Kilpatri	ck	
Mr Olive Primiti (Firm 4520 Hallanview (A Lakeland, R 3381 (City/ State	ve Cenetery (Compahy) OR  Lui Po Bo	x 7114
(City/ Stat	e and Zip Code)	
For further information concerning this matter		
Martha Kilpanick	at(863_)	602-9478 & Daytime Telephone Number)
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street A	ddress

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32399



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 11, 2005

MARTHA KILPATRICK P.O. BOX 7114 LAKELAND, FL 33807-7114

SUBJECT: MOUNT OLIVE PRIMITIVE CEMETERY, INC.

Ref. Number: N95000000727

We have received your document for MOUNT OLIVE PRIMITIVE CEMETERY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6909.

Velma Shepard Document Specialist

Letter Number: 705A00061924

## Articles of Amendment **Articles of Incorporation**

2005 OCT 31 AMII: 58

	(Name of corporation as currently filed with the Florida Dept. of State)
	N95000000 727
	(Document number of corporation (if known)
	to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit ion adopts the following amendment(s) to its Articles of Incorporation:
NEW CO	ORPORATE NAME (if changing):
	in the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import i "Company" or "Co." may <u>not</u> be used in the name of a not for profit corporation)
	MENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Added	: James Floyd Anderson, PD
	125 Shadow Lane, Lakeland, FL 33813
	Gilbert O. Lucas, T
	5315 Glenmore Drive, Lakeland, Fr. 33813
	Guy Edward Howell, VD
	5924 Lunn Rd, Lakeland & 33811
	Martha N. Kilpatrick, STD
	4520 Hallamview Lane, Lakeland, F. 33813
hange:	0 · · · · · · · · · · · · · · · · · · ·
	1617 Stephanie Lane, Lakeland, R 33813
elete:	Benjamin F Roward
hange	Registered Agent to Martha Kil Patrick
	4520 Hallamview Lane, Lakeland, F. 33813 (Attach additional pages if necessary)

The date of adoption of the amendment(s) was: Ougust 11, 2005
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.
Signature Matha A Liputud  (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
MARTHA N KILPATRICK (Typed or printed name of person signing)
Secretary Treasurer (Title of person signing)

FILING FEE: \$35