

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000727

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: MOUNT OLIVE PRIMITIVE CEMETERY, INC.

## Current Principal Place of Business:

4520 HALLAMVIEW LN  
LAKELAND, FL 33813

## New Principal Place of Business:

1617 STEPHANIE LANE  
LAKELAND, FL 33813

## Current Mailing Address:

PO BOX 7114  
LAKELAND, FL 33807

## New Mailing Address:

FEI Number: 65-0664866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KILPATRICK, MARTHA  
4520 HALLAMVIEW LANE  
LAKELAND, FL 33813      US

## Name and Address of New Registered Agent:

KILPATRICK, MARTHA  
1617 STEPHANIE LANE  
LAKELAND, FL 33813      US

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.

SIGNATURE: MARTHA N KILPATRICK

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: KILPATRICK, ROBERT V  
Address: 1617 STEPHANIE LANE  
City-St-Zip: LAKELAND, FL 33813

Title: PD ( ) Delete  
Name: ANDERSON, JAMES F  
Address: 125 SHADOW LN.  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: LUCAS, GILBERT O  
Address: 5315 GLENMORE DR.  
City-St-Zip: LAKELAND, FL 33813

Title: VD ( ) Delete  
Name: HOWELL, GUY E  
Address: 5924 LUNN RD.  
City-St-Zip: LAKELAND, FL 33811

Title: STD ( ) Delete  
Name: KILPATRICK, MARTHA N  
Address: 4520 HALLAMVIEW LN  
City-St-Zip: LAKELAND, FL 33813

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: KILPATRICK, MARTHA N  
Address: 1617 STEPHANIE LANE  
City-St-Zip: LAKELAND, FL 33813

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA N KILPATRICK

STD

04/16/2009

Electronic Signature of Signing Officer or Director

Date