

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000727

FILED  
Mar 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1617 STEPHANIE LANE  
LAKELAND, FL 33813

**New Principal Place of Business:**

**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  
1617 STEPHANIE LANE  
LAKELAND, FL 33813 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: STD  
Name: KILPATRICK, MARTHA N  
Address: 1617 STEPHANIE LANE  
City-St-Zip: LAKELAND, FL 33813

I hereby 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 all other like empowered.

SIGNATURE: MARTHA KILPATRICK

STD

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date