

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 08, 2007 08:00 AM  
Secretary of State

DOCUMENT # N05000010512

1. Entity Name  
MT. OLIVE CEMETERY, INC



Principal Place of Business  
16481 NE HANNA TOWER RD  
ALTA, FL 32421

Mailing Address  
16481 NE HANNA TOWER RD  
ALTA, FL 32421



01032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3701907

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AYERS, PATRICIA A  
16481 NE HANNA TOWER RD  
ALTA, FL 32421

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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

*Patricia A. Ayers* No Change

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

U00000578951  
01/09/07-80049-018 61.25

10. OFFICERS AND DIRECTORS

TITLE C  
NAME WALDORFF, GEORGE  
STREET ADDRESS 17786 NE CR 274  
CITY-ST-ZIP ALTA, FL 32421

TITLE C  
NAME HARRELL, DONALD G  
STREET ADDRESS 25548 NW PETE LANE  
CITY-ST-ZIP ALTA, FL 32421

TITLE S  
NAME AYERS, PATRICIA A  
STREET ADDRESS 16481 NE HANNA TOWER RD  
CITY-ST-ZIP ALTA, FL 32421

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Patricia A. Ayers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-07

Date

850-762-3628

Daytime Phone #