


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000727
 1. Entity Name
MOUNT OLIVE PRIMITIVE CEMETERY, INC.



Principal Place of Business Mailing Address
4520 HALLAMVIEW LN **PO BOX 7114**
LAKELAND, FL 33813 **LAKELAND, FL 33807**

DO NOT WRITE IN THIS SPACE



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0664866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KILPATRICK, MARTHA
4520 HALLAMVIEW LANE
LAKELAND, FL 33813

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILPATRICK, ROBERT V 1617 STEPHANIE LANE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, JAMES F 125 SHADOW LN. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUCAS, GILBERT O 5315 GLENMORE DR. LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, GUY E 5924 LUNN RD. LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KILPATRICK, MARTHA N 4520 HALLAMVIEW LN LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/10/07-80037-019 61.25

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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: *Martha Kilpatrick* *3/23/2007* *8636461985*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #