

**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  
**4520 HALLAMVIEW LN  
LAKELAND, FL 33813**

Mailing Address  
**PO BOX 7114  
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 ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KILPATRICK, MARTHA  
4520 HALLAMVIEW LANE  
LAKELAND, FL 33813**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

000000687429  
04/10/07-80037-019 61.25

**DO NOT WRITE  
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:** Martha Kilpatrick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/2007 8636464985  
Date Daytime Phone #