

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000727

FILED
Feb 16, 2010
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 N KILPATRICK

STD

02/16/2010

Electronic Signature of Signing Officer or Director

Date