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

I

Electronic Signature of Signing Officer/Director Detail

Entity Name: MOUNT OLIVE PRIMITIVE CEMETERY, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

278 BELCHER ST LAKELAND, FL 33813

Current Mailing Address:

DOCUMENT# N9500000727

278 BELCHER ST LAKELAND. FL 33813 US

FEI Number: 65-0664866

Name and Address of Current Registered Agent:

KILPATRICK, MARTHA 278 BELCHER ST LAKELAND, FL 33813 US

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.

	The above named					
	SIGNATURE	: MARTHA KILPATRICK			03/01/2019	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	VD	Title	PRESIDENT		
	Name	LUCAS, GILBERT O	Name	HOWELL, GUY E		
	Address	5315 GLENMORE DR.	Address	5924 LUNN RD.		
	City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33811		
	Title	STD	Title	DIRECTOR		
	Name	KILPATRICK, MARTHA N	Name	WHALEY, NEIL		
	Address	278 BELCHER ST	Address	143 MOLLER ST		
	City-State-Zip:	LAKELAND FL 33813	City-State-Zip:	LAKELAND FL 33813		

Certificate of Status Desired: No

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FILED Mar 01, 2019 Secretary of State 2639078728CC

SECRETART/TREASURER 03/01/2019