

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000727

Entity Name: MOUNT OLIVE PRIMITIVE CEMETERY, INC.

Current Principal Place of Business:

715 FONDA CT
LAKELAND, FL 33803

Current Mailing Address:

PO BOX 7114
LAKELAND, FL 33807

FEI Number: 65-0664866

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KILPATRICK, MARTHA
715 FONDA CT
LAKELAND, FL 33803 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VD
Name LUCAS, GILBERT O
Address 5315 GLENMORE DR.
City-State-Zip: LAKELAND FL 33813

Title PRESIDENT
Name HOWELL, GUY E
Address 5924 LUNN RD.
City-State-Zip: LAKELAND FL 33811

Title STD
Name KILPATRICK, MARTHA N
Address 715 FONDA CT
City-State-Zip: LAKELAND FL 33803

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

SECRETARY/TREASURER 04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date