

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000727

**Entity Name:** MOUNT OLIVE PRIMITIVE CEMETERY, INC.

**Current Principal Place of Business:**

5924 LUNN RD  
LAKELAND, FL 33811-2121

**Current Mailing Address:**

5924 LUNN RD  
LAKELAND, FL 33811-2121 US

**FEI Number:** 65-0664866

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HOWELL, MARTHA  
5924 LUNN RD  
LAKELAND, FL 33811-2121 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:** MARTHA HOWELL

02/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOWELL, GUY E  
Address        5924 LUNN RD  
City-State-Zip: LAKELAND FL 33811-2121

Title            SECRETARY TREASURER  
Name            HOWELL , MARTHA F  
Address        5924 LUNN RD  
City-State-Zip: LAKELAND FL 33811-2121

Title            VP  
Name            WATERS, CLAUDE A JR.  
Address        2020 HARLEY LANE  
City-State-Zip: LAKELAND FL 33811-2394

Title            DIRECTOR  
Name            WETHERINGTON, JAMES N JR.  
Address        P O BOX 306  
City-State-Zip: BRADLEY FL 33835-0306

Title            DIRECTOR  
Name            FREEMAN, JUSTIN  
Address        5767 OLD HIGHWAY 37  
City-State-Zip: MULBERRY FL 33860-8824

*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 F HOWELL

**SECRETARY/TREASURER** 02/10/2023

Electronic Signature of Signing Officer/Director Detail

Date