

**2016 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N95000000727

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

**Current Principal Place of Business:**

715 FONDA CT  
LAKELAND, FL 33803

**Current Mailing Address:**

715 FONDA CT  
LAKELAND, FL 33803 US

**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:** MARTHA KILPATRICK

10/18/2016

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	715 FONDA CT	Address	715 FONDA CT
City-State-Zip:	LAKELAND FL 33803	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

STD

10/18/2016

Electronic Signature of Signing Officer/Director Detail

Date