Tennessee Secretary of State Tre Hargett



Division of Business and Charitable Organizations 312 Rosa L. Parks Avenue, 6th Floor Nashville, Tennessee 37243-1102

April 16, 2023

Ms. Linda M St. Romain 590 JOSHUA DR. CLARKSVILLE, TN 37042

RE: Registration to Solicit Funds for Charitable Purposes

Organization Name: MT. OLIVE CEMETERY HISTORICAL PRESERVATION SOCIETY

CO Number: CO6623 Renewal Date: 06/30/2024

Dear Ms. Linda M St. Romain:

Pursuant to the Tennessee Charitable Solicitations Act, T.C.A. § 48-101-501, et seq. the Tennessee Secretary of State has reviewed your application and is pleased to announce your organization's registration to solicit contributions has been **approved**.

The organization must maintain statutory compliance by submitting a renewal application and required fees on an annual basis. At that time you may be required to submit tax filings, financial statements, proof of IRS status, and other documents related to your organization and its fundraising activities. You can find additional information and submit additional filings online at https://sos.tn.gov/charities. The "CO" Number listed above will serve as your organization's charitable registration number and should be used when submitting any charitable filings or correspondence.

Please also be advised that if the organization's application or other provided information includes false, misleading or deceptive statements, appropriate action will be taken. Pursuant to the Tennessee Charitable Solicitations Act, a civil penalty of up to five thousand dollars (\$5,000.00) may be assessed for any violation.

Thank you for registering your organization and please do not hesitate to contact us with any questions.

Sincerely,

Tre Hargett Secretary of State

Tracking Number 2023108029

Application to Renew Registration of a Charitable Organization



Secretary of State

☐ Yes ☑ No

Division of Business and Charitable Organizations Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2555
Fax: 615-253-5173
sos.tn.gov/charities

CO Number: CO6623 Filed: 04/07/2023 06:03 AM Tre Hargett Secretary of State

Organization	Information		
-	haritable Organization: Mī he Organization: LLC	T. OLIVE CEMETERY HISTORICAL PRESERVATION	ON SOCIETY
	-		FEIN: 20-1089386
Initial Registration Da	ate: 07/30/2004		Renewal Date: 06/30/2023
Has your fiscal year o	ending month changed si	nce your last renewal?	
Fiscal Year Ending M	lonth: December		
When and where was	s the organization legally	established	
Date: 04/23/2004	Country: USA	City/State: CLARKSVILLE, TN	County: Montgomery
Has your Principal Of ☐ Yes ☑ No	ffice address changed sin	ce your last renewal?	
Principal Office Ac 590 JOSHUA DR. USA, CLARKSVILL			
Has your Mailing add ☐ Yes ☑ No	ress changed since your	last renewal?	
Mailing Office Add 590 JOSHUA DR. USA, CLARKSVILL			
Contact Information	for the Charitable Organiz	ation	
Contact Name: Ms.	Linda M St. Romain		
Telephone Number:	(931) 378-3655		
Email: godmademath	@yahoo.com	Website: www.mtolivechps.weebly.com	
Current names used	by the charity organization	on	
Do you need to modi ☐ Yes ☑ No	fy other names that the ch	narity solicits under?	
Has the organization ☐ Yes ☑ No	registered in any other st	ate(s)?	
Does the charity have	e other offices, chapters, t	oranches, affiliates or a parent?	

The category that best describes your organization

W - Public Affairs, Society Benefit

The charitable purpose of the organization

The mission of the Mt. Olive Cemetery Historical Preservation Society is to emphasize the influence and contributions of African-Americans regarding the history, education, development, growth and culture of the Clarksville, Tennessee area. Preserving our Nation's History for Future Generations

las your tax exempt status changed since your last renewal? ☐ Yes ☑ No		
ast Fiscal Year Start: January 2022	Last Fiscal Year End: December 202	
Type of 990 Tax Form Filed: 990-N (ePostcard)		
Gross Revenue		
Direct and Indirect Public Contributions	\$ 27,745.17	
Government Grants	\$ 0.00	
Special Events and Activities	\$ 0.00	
Membership Dues	\$ 375.00	
Other Revenue	\$ 0.00	
Total Revenue	\$ 28,120.17	
*		
Total Program Expenses	¢ o oo	
Total Program Expenses Management and General Expenses	\$ 0.00	
Fundraising Expenses	\$ 0.00	
Other Expenses	\$ 1,129.86 \$ 14.077.50	
Total Expenses	\$ 14,977.59 \$ 16,107.45	
Total Expenses	\$ 10,107.45	
Excess/Deficit For the Year (Total Revenue - Total Expenses)	\$ 12,012.72	
Solicitation Information		
lave you been enjoined by any court from soliciting contribut ☐ Yes ☑ No	ions?	
oes your organization contract with or otherwise engage the professional fund-raiser," "paid solicitor," "fund raising coun ☐ Yes ☑ No		sional (such as a
Officer Information		

List each officer, director, and trustee (at least 2 officers are required, and you must list officers who have or share the following titles: "Chief Financial Officer", "Custodian of Contributions", "Custodian of Final Distributions")

Arthur Nicholson 1495 Hickory Point Rd Clarksville, TN 37043, USA Title(s): President

Linda St. Romain 590 Joshua Dr Clarksville, TN 37042, USA

Title(s): Custodian of Contributions, Custodian of Final Distributions, Treasurer

Michael Taliento 1453 Hickory Point Rd Clarksville, TN 37043, USA Title(s): Director

LARRY T WELLS 223 MARSHALL DR CLARKSVILLE, TN 37042, USA Title(s): Secretary

PHYLLIS SMITH 719 GREEN VALLEY CT. Clarksville, TN 37042, USA Title(s): Director

Dr. TYLER NOLTING 211 OLD CHARLOTTE CT Clarksville, TN 37040, USA Title(s): Director

TERRY MORRIS 1214 WILLOW BEND DR CLARKSVILLE, TN 37043, USA Title(s): Director

Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

☐ Yes ☑ No

Signature

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Linda St Romain Date: 04/06/2023

Title: Treasurer

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Arthur R Nicholson

Date: 04/07/2023

Title: President