

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790997 (1)

1. Corporation Name

ALTHA FARMERS COOPERATIVE, INC.



Principal Place of Business

Mailing Address

HWY 71 NORTH
ALTHA FL 32421-9504
US

RT 2 BOX 36
ALTHA FL 32421-9504
US

3. Date Incorporated or Qualified 03/16/1970
3a. Date of Last Report 02/15/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1306090	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEACOCK, WILLIAM
RT. 2, BOX 295
ALTHA FL 32424

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JOHN W	1.2 NAME	
STREET ADDRESS	1009 STONE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RIDGE FL 32442	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, WILLIAM	2.2 NAME	
STREET ADDRESS	RT. 2, BOX 295	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JAMES H	3.2 NAME	
STREET ADDRESS	1134 MULBERRY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, GARY	4.2 NAME	
STREET ADDRESS	RT 2 BOX 730	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, DON	5.2 NAME	
STREET ADDRESS	RT 2 BOX 101	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA, FLORIDA 00000	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, WILLIAM D	6.2 NAME	
STREET ADDRESS	ROUTE 1 BOX 77	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William D Price
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

2-3-96

904-762-3161

Date

Daytime Phone #

CR2E037 (12/95)