


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 8:00 am
Secretary of State

08-04-2004 90016 015 ****61.25

DOCUMENT # 790997

1. Entity Name
ALTHA FARMERS COOPERATIVE, INC.



Principal Place of Business
HWY 71 NORTH
ALTHA, FL 32421-9504 US

Mailing Address
PO BOX 98
ALTHA, FL 32421 US

54066757



2. Principal Place of Business
15543 NE Mt. Olive
 Suite, Apt. #, etc.
Cemetary Rd.

3. Mailing Address
 Suite, Apt. #, etc.

07212004 Chg-NP CR2E037 (10/03)

City & State
Altha FL

City & State

Zip
32421

Country
US

Zip
 Country

4. FEI Number
59-1306090

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATFORD, JERRY E
RT 1 BOX 231
ALTHA, FL 32424

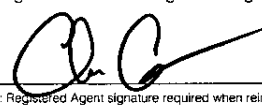
7. Name and Address of New Registered Agent

Name **Chris Casey**

Street Address (P.O. Box Number is Not Acceptable)
15543 NE Mt. Olive Cemetary Rd.

City **Altha** State **FL** Zip Code **32421**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Chris Casey  DATE 7/21/04

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, DAVID	
STREET ADDRESS	RT. 1 BOX 77	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	WATFORD, JERRY E	
STREET ADDRESS	RT. 1, BOX 231	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, GARY	
STREET ADDRESS	RT 2 BOX 730	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	MELTON, DON	
STREET ADDRESS	RT 2 BOX 101	
CITY-ST-ZIP	ALTHA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PEACOCK, MARK	
STREET ADDRESS	RT 2 BOX 31-A	
CITY-ST-ZIP	ALTHA, FL 32421	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STONE, JOHN W	
STREET ADDRESS	RT 1 BOX 231	
CITY-ST-ZIP	ALTHA, FL 32421	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 7/21/04 DAYTIME PHONE #: 762-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR