


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 790997	
1. Entity Name ALTHA FARMERS COOPERATIVE, INC.	

Principal Place of Business 15543 NE MT OLIVE CEMETARY RD ALTHA, FL 32421 US	Mailing Address PO BOX 98 ALTHA, FL 32421 US
---	--

DO NOT WRITE IN THIS SPACE

01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1306090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASEY, CHRIS
 15543 NE MT OLIVE CEMETARY RD
 ALTHA, FL 32421

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____

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 May 1, 2007

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

000000589825
 01/18/07-80031-019 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID RT. 1 BOX 77 BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARD, GARY RT 2 BOX 730 BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, DON RT 2 BOX 101 ALTHA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, JOHN W RT 1 BOX 231 ALTHA, FL 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Chris Casey (Chris Casey) **1-9-07** (850) 762-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #