
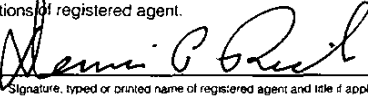
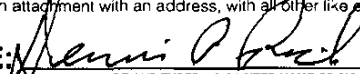


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90019 045 \*\*\*\*61.25

<b>DOCUMENT # 790997</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122008 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
CASEY, CHRIS 15543 NE MT OLIVE CEMETARY RD ALTHA, FL 32421			Name <u>Dennis P. Rich</u> Street Address (P.O. Box Number is Not Acceptable) <u>15543 NE Mt. Olive Cemetary Rd.</u> City <u>Altha</u> FL <u>32421</u>		
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 		Dennis P. Rich, Gen. Mgr.		1-12-08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, DAVID		NAME	Carter, Roy Lee	
STREET ADDRESS	RT. 1 BOX 77		STREET ADDRESS	791 Bodie Lister Rd.	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP	Wewahatchka, FL 32465	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, GARY		NAME		
STREET ADDRESS	RT 2 BOX 730		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, DON		NAME		
STREET ADDRESS	RT 2 BOX 101		STREET ADDRESS		
CITY-ST-ZIP	ALTHA, FL		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, JOHN W		NAME		
STREET ADDRESS	RT 1 BOX 231		STREET ADDRESS		
CITY-ST-ZIP	ALTHA, FL 32421		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Dennis P. Rich		1-12-08 850-762-3161	
Signature and typed or printed name of signing officer or director		Date		Daytime Phone #	

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