


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 23, 2003 8:00 am
Secretary of State

07-23-2003 90057 045 ****61.25

0002554

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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

4. FEI Number **59-1306090** Applied For Not Applicable

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



CHECK HERE IF MAKING CHANGES

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: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 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 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		

7-15-03

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: SIGNATURE REQUIRED 7-10-03 880-762-3161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)