

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790997

**Entity Name:** ALTHA FARMERS COOPERATIVE, INC.

**Current Principal Place of Business:**

18453 MAIN ST N  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

18453 MAIN ST N  
BLOUNTSTOWN, FL 32424 US

**FEI Number: 59-1306090**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JAMES, LYNN  
18453 MAIN ST N  
BLOUNTSTOWN, FL 32424 US

*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.*

**SIGNATURE: JAMES LYNN**

**01/19/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name NEWSOME, CLIFFORD  
Address P.O. BOX 129  
City-State-Zip: CLARKSVILLE FL 32430

Title PD  
Name WARD, GARY  
Address 20522 NE MACEDONIA RD.  
City-State-Zip: BLOUNTSTOWN FL 32424

Title D  
Name CARTER, ROY L  
Address 1158 WEST RIVER RD.  
City-State-Zip: WEWAHITCHKA FL 32465

Title D  
Name WILLIS, GREG  
Address 10376 WILLIS WAY  
City-State-Zip: BRISTOL FL 32321

Title D  
Name ROBERTS, WILLIAM A  
Address 6158 ROCKY CREEK RD  
City-State-Zip: MARIANNA FL 32448

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY WARD**

**BOARD CHAIRMAN**

**01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date