

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.
Cemetery Rd.
City & State
Altha FL
Zip
32421**

3. Mailing Address
**City & State
Country
Zip
US**

07212004 Chg-NP CR2E037 (10/03)

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 Cemetery Rd.
City **Altha** 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 (NOTE: Registered Agent signature required when reinstating) DATE 7/21/04

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, DAVID		NAME		
STREET ADDRESS	RT. 1 BOX 77		STREET ADDRESS		
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATFORD, JERRY E		NAME		
STREET ADDRESS	RT. 1, BOX 231		STREET ADDRESS		
CITY-ST-ZIP	ALTHA, FL 32421		CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEACOCK, MARK		NAME		
STREET ADDRESS	RT 2 BOX 31-A		STREET ADDRESS		
CITY-ST-ZIP	ALTHA, FL 32421		CITY-ST-ZIP		
TITLE	VPD	<input 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		

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] DATE 7/21/04 DAYTIME PHONE # 762-3161