

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790997

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALTHA FARMERS COOPERATIVE, INC.

Current Principal Place of Business:

15543 NE MT OLIVE
CEMETARY RD
ALTHA, FL 32421 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 98
ALTHA, FL 32421 US

New Mailing Address:

FEI Number: 59-1306090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICH, DENNIS P
15543 NE MT OLIVE CEMETARY RD
ALTHA, FL 32421 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRICE, DAVID
Address: RT. 1 BOX 77
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: PD () Delete
Name: WARD, GARY,
Address: RT 2 BOX 730
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D () Delete
Name: MELTON, DON,
Address: RT 2 BOX 101
City-St-Zip: ALTHA, FL

Title: D () Delete
Name: CARTER, ROY L
Address: 791 BODIE LISTER RD
City-St-Zip: WEWAHITCHKA, FL 32465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRICE, DAVID
Address: 18168 NW JOHN F. BAILEY RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: PD (X) Change () Addition
Name: WARD, GARY,
Address: 20522 NE MACEDONIA RD.
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D (X) Change () Addition
Name: MELTON, DON,
Address: 25410 NE SHORTY SEGERS RD.
City-St-Zip: ALTHA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY WARD

PD

01/07/2009

Electronic Signature of Signing Officer or Director

Date