

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790997

**FILED**  
**Jan 03, 2011**  
**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:**

STONE, ARTHUR F  
15473 NW BODIFORD 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  
**Name:** NEWSOME, CLIFFORD  
**Address:** P.O. BOX 129  
**City-St-Zip:** CLARKSVILLE, FL 32430 US

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

**Title:** D  
**Name:** MELTON, DON  
**Address:** 25410 NE SHORTY SEGERS RD.  
**City-St-Zip:** ALTHA, FL 32421 US

**Title:** D  
**Name:** CARTER, ROY L  
**Address:** 791 BODIE LISTER RD.  
**City-St-Zip:** WEWAHITCHKA, FL 32465 US

**Title:** D  
**Name:** TILLMAN, JOE  
**Address:** 19018 NE BE BARFIELD RD.  
**City-St-Zip:** ALTHA, FL 32421 US

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:** ARTHUR F. STONE

MGR

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date