FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **735474** **(9)**

1. Corporation Name

EVER'MAN NATURAL FOODS CO-OP, INC.

Principal Place of Business	Mailing Address
1200 N NINTH AVE PENSACOLA FL 32501	1200 N NINTH AVE PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1976
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1726593 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

KOPACK, DANIEL, JR3
102 EAST GARDEN ST
PENSACOLA FL 32501-2624

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P/D	☑ Change ☐ Addition
NAME	KINSLOW, BILL	12 NAME	Kinslow, Bill	
STREET ADDRESS	6108 E. SHORE DR	13 STREET ADDRESS	6108 E. Shore Dr.	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	Pensacola, Fl	
TITLE	D	21 TITLE	D	☑ Change ☐ Addition
NAME	TURNER, HUGH ED	22 NAME	Turner, Hugh Ed	
STREET ADDRESS	2009 UNIVERSITY ST	23 STREET ADDRESS	2009 University St.	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	Pensacola, Fl 32504	
TITLE	D	31 TITLE	VP/D	☑ Change ☐ Addition
NAME	KITT, PAIG	32 NAME	Paig, Kitt	
STREET ADDRESS	1304 E. STRONG ST	33 STREET ADDRESS	1304 E. Strong St.	
CITY-ST-ZIP	CANTONMENT FL	34 CITY-ST-ZIP	Pensacola, Fl 32501	
~~TITLE~~	~~SD~~	41 TITLE	T/D	☐ Change ☑ Addition
~~NAME~~	~~DAY, BILL~~	42 NAME	Henderson, Carlton	
~~STREET ADDRESS~~	~~P O BOX 3481 N/A~~	43 STREET ADDRESS	5681 Nicholas Lane	
~~CITY-ST-ZIP~~	~~PENSACOLA FL~~	44 CITY-ST-ZIP	Milton, Fl 32570	
TITLE	D	51 TITLE	S/D	☑ Change ☐ Addition
NAME	EALGIS, DIANE	52 NAME	Walgis, Dianne	
STREET ADDRESS	2210 ESCAMBIA AVE	53 STREET ADDRESS	2210 Escambia Ave	
CITY-ST-ZIP	PENSACOLA FL 15	54 CITY-ST-ZIP	Pensacola, Fl 32503	
~~TITLE~~	~~VP~~	61 TITLE	C/D	☐ Change ☑ Addition
NAME	SPAIN, WILLIAM	62 NAME	Stanford, Ed Jr.	
STREET ADDRESS	1117 N. PALAFOX ST	63 STREET ADDRESS	3343 Wellington Rd.	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	Pensacola, Fl 32504	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Stanford (904) 438-0402
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — Daytime Phone #

002130