1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735474

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

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90151 047 ****61.25

482334 - 90151 - 47 4 *

Principal Place of Business 2a. Mailing Address						3. Date Incorporated or Qualifed				
	<u> </u>	~ ·			04/05/1976					
21 315 W. GARDEN STREET 26 315 W. GAR Suite, Apt. #, etc. Suite, Apt. #, etc.			DI, DINDL			. FEI Number		Ar	plied For	
22		27				59-1726593		No	ot Applicable	
City & State		City & State			5	5. Certificate of Status Desired \$8.75 Additional Fee Required				
23 PENSA		28 PENSACOLA.	PENSACOLA, FL						<u> </u>	
				USA		5. Election Campaign Financing Trust Fund Contribution]		May Be to Fees	
24 32501 25 ESCAMBIA 29 32501 30 9. Name and Address of Current Registered Agent			ij 05.	<u></u>	10. Name and Address of New Registered Agent			10 1003		
					St. Name					
MORADIC DIANEL IDA				DANIEL KOPACK						
KOPACK, DANIEL, JR3 Same agent, new address.				S • 82 Street Address (P.O. Box Number is Not Acceptable) 316 • BAYLEN STREET STE 200						
102 EAST GARDEN ST			83							
PENSACOLA FL 32501-2624										
	sayar ang sayar sa sa sa Sayar sayar sayar sa sa		84	City P	ENSA	ACOLA	FL	85 Zip	Code 501	
11 Durament to the provisions of Sections 617 0502 and 617 1508 Florida Statutes the shows.						on submits this statement for the our	ose of	changing its	registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agent a	and title if proliceble (NOTE: De	cistared Acer	it signature req	cutred wher	n ceinstating)	DATE			
12.	OFFICERS AND		13.	it algination rou	quioc into	ADDITIONS/CHANGES TO OFFICE	ERS AN	D DIRECTO	ORS IN 12	
TITLE	P :	XX XX ELETE	1.1 TITLE		Tre	asurer		Change	Addition	
NAME	KINSLOW, BILL	,	1.2 NAME			RY CULLIGAN			1121	
STREET ADDRESS	6108 E. SHORE DR		1.3 STREE	ADDRESS		7 PONTE VERDE RD				
			1,4 CITY-S			SACOLA FL 32507	•			
TITLE			2.1 TITLE D			<u> </u>		Change	X Addition	
NAME	MOHON, BARBARA		2.2 NAME		REN	ATO CASELLI			1111	
STREET ADDRESS	208 NAVARRE ST.		2.3 STREE	ADDRESS		SHORELINE DRIVE				
CITY-ST-ZIP	GULF BREEZE FL-32561	المحد بسد	2. 4 CITY-5	T-ZIP		F BREEZE, FL 32	561			
TITLE	T	XXOELETE	3.1 TITLE		D	,	7-O-T	Change	Addition	
NAME	STEPHENS, LOIS		3.2 NAME		CHR	IS ENGLERT		ΛΛ		
STREET ADDRESS	P.O. BOX 36158 N/A	}	3.3 STREE	FADDRESS	121	W. AVERY STREET				
CITY-ST-ZIP	PENSACOLA FL 38516		3.4. CITY- 9	T-ZIP	PEN	SACOLA, FL 32501				
TITLE	D	☐ DELETE	4.1 TITLE		D			Change	* Applition	
NAME	ENGLERT, CHRISTINE		4. 2 NAME			VE GHESQUIERE				
STREET ADDRESS	1544 EAST JORDAN ST.		4.3 STREE	ADDRESS	124	1 STOW AVENUE				
CITY-ST-ZIP	PENSACOLA FL 32503		4.4 CITY-S	T-ZIP		SACOLA, FL 32503				
TITLE	D	☐ DELETE	5.1 TITLE	, [RETARY	Σ	₹∏X Change	☐ Addition	
NAME	WALGIS, DIANNE		5.2 NAME			BARA MOHON				
STREET ADDRESS	1115 E. LAKEVIEW AVE.		5.3 STREE	TADDRESS		NAVARRE STREET				
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-S	T-ZIP	GUL	F BREEZE, FL 325	61			
TITLE	С	☐ DELETÉ	6.1 TITLE			•		Change	Addition	
NAME	STANFORD, ED J		6.2 NAME							
STREET ADDRESS	3343 WELLINGTON ROAD		6.3 STREE	ADDRESS		•				
CITY-ST-ZIP	PENSACOLA FL		6.4 CITY-S	T-ZIP						

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 456-260/ x 5/08 Date Phone #

R2E037 (11/98)