

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 036 ****61.25



DOCUMENT # 735474
 1. Entity Name
EVER'MAN NATURAL FOODS CO-OP, INC.

Principal Place of Business
**315 W GARDEN ST
 PENSACOLA, FL 32502**

Mailing Address
**315 W GARDEN ST
 PENSACOLA, FL 32502**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1726593 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KOPACK, DANIEL JR
 316 BAYLEN ST
 STE 200
 PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent

Name **William R. Mitchell**

Street Address (P.O. Box Number is Not Acceptable)
3208 Summit Blvd.

Suite 22

City **Pensacola** State **FL** Zip Code **32503**

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 *William R. Mitchell* DATE **2/02/04**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN, AFFLECK MD 2410 OAKHILL CIRCLE PENSACOLA, FL 32514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHON, BARBARA 208 NAVARRE ST GULF BREEZE, FL 32561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DANIELS, HEIDI 221 CEVALLAS STREET PENSACOLA, FL 32501	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLEY, JOHN 4701 TIMERLAND DRIVE PACE, FL 32571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOMASNEY, ANNA 911 E BURGESS ROAD #3 PENSACOLA, FL 32504	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANFORD, ED J 3343 WELLINGTON ROAD PENSACOLA, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **02/27/04** DAYTIME PHONE #: **(850) 438-0402**

attachment

24017315

#735474

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

I, the undersigned, being the person named as the Registered Agent of EVER'MAN NATURAL FOODS CO-OP, INC., a Florida corporation, hereby certify that I am familiar with the obligations provided for in Florida Statutes Section 607.0505 and hereby accept the appointment of Registered Agent and hereby accept said obligations.

Dated this 2nd day of February, 2004.

William R Mitchell

WILLIAM R. MITCHELL

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 2nd day of February, 2004, by William R. Mitchell, who is personally known to me or who produced _____ as identification and who did take an oath.

Jeanne T Hayes

NOTARY PUBLIC



Jeanne T. Hayes
MY COMMISSION # CC987676 EXPIRES
January 9, 2005
BONDED THRU TROY FAIN INSURANCE, INC.