

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

05 JAN 03 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07282004

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

7. Name and Address of New Registered Agent

MITCHELL, WILLIAM R  
~~3290 SUMMIT BLVD~~ 125 S. Alcaniz Street  
~~STE 22 Suite 1~~  
PENSACOLA, FL 32503  
32501

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ D ☐ Delete  
NAME JOHN, AFFLECK MD  
STREET ADDRESS 2410 OAKHILL CIRCLE  
CITY-ST-ZIP PENSACOLA, FL 32514

TITLE ☐ Change ☒ Addition  
NAME Sandra Kearns  
STREET ADDRESS 434 E. Zarragossa Street  
CITY-ST-ZIP Pensacola, FL 32502

TITLE ☒ D ☐ Delete  
NAME MOHON, BARBARA  
STREET ADDRESS 208 NAVARRE ST  
CITY-ST-ZIP GULF BREEZE, FL 32561

TITLE ☐ Change ☒ Addition  
NAME Pamela Heinold  
STREET ADDRESS 6406 Antictam Drive  
CITY-ST-ZIP Pensacola, FL 32503

TITLE ☒ S ☐ Delete  
NAME DANIELS, HEIDI  
STREET ADDRESS 221 CEVALLOS STREET  
CITY-ST-ZIP PENSACOLA, FL 32501

TITLE ☒ Change ☐ Addition  
NAME Heidi Daniels  
STREET ADDRESS 221 Cevallos Street  
CITY-ST-ZIP Pensacola, FL 32501

TITLE ☒ T ☐ Delete  
NAME WILLEY, JOHN  
STREET ADDRESS 4701 TIMERLAND DRIVE  
CITY-ST-ZIP PACE, FL 32571

TITLE ☐ Change ☒ Addition  
NAME Donita Johnson  
STREET ADDRESS 4751 Northpointe Circle  
CITY-ST-ZIP Pensacola, FL 32514

TITLE ☒ VP ☐ Delete  
NAME LOMASNEY, ANNA  
STREET ADDRESS 911 E BURGESS ROAD #3  
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200043796552  
01/03/05--01020--015 \*\*\$61.25

TITLE ☒ P ☐ Delete  
NAME STANFORD, ED J  
STREET ADDRESS 3343 WELLINGTON ROAD  
CITY-ST-ZIP PENSACOLA, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ed J. Stanford*, President

08/23/04 (850) 438-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #