2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735474

FILED Apr 03, 2009 Secretary of State

Entity Name: EVER'MAN NATURAL FOODS CO-OP, INC.

Current Principal Place of Business: New Principal Place of Business: 315 W GARDEN ST PENSACOLA, FL 32502 **Current Mailing Address: New Mailing Address:** 315 W GARDEN ST PENSACOLA, FL 32502 FEI Number: 59-1726593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MITCHELL, WILLIAM R 125 S. ALCANIZ STREET SUITE 1 PENSACOLA, FL 32501 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STANFORD, EDWARD J Name: Name: 3343 WELLINGTON RD Address: Address: City-St-Zip: PENSACOLA, FL 32504 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, RICHARD Name: Name: Address: 10728 LILLIAN HIGHWAY Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVID, DEBLANDER Name: SCHNEIDER, ERIC Name: 5322 MORGAN RIDGE DRIVE Address: 5 SEASHORE DR Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: MILTON, FL 32570 Title: Title: () Change () Addition () Delete Name: WILLEY, JOHN Name: 1543 CYPRESS BEND TRAIL Address: Address: City-St-Zip: GULF BREEZE, FL 32563 City-St-Zip: Title: () Delete Title: (X) Change () Addition SCHNEIDER, ERIC DEBLANDER, DAVE Name: Name: 5322 MORGAN RIDGE DR 5 SEASHORE DRIVE Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: PENSACOLA BEACH, FL 32561 Title: () Delete Title: (X) Change () Addition VORTHMANN, DAWN CUDLIN, DAWN Name: Name: Address: 2332 ARRIVISTE CIRCLE Address: 1519 N. A STREET PENSACOLA, FL 32504 PENSACOLA, FL 32501 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDWARD J. STANFORD P 04/03/2009