

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 735474

**Entity Name:** EVER'MAN NATURAL FOODS CO-OP, INC.**Current Principal Place of Business:**315 W GARDEN ST  
PENSACOLA, FL 32502**Current Mailing Address:**315 W GARDEN ST  
PENSACOLA, FL 32502**FEI Number:** 59-1726593**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIBERIS, CHARLES S  
212 W. INTENDENCIA STREET  
PENSACOLA, FL 32502 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**Officer/Director Detail :**

Title	P
Name	DEBLANDER, DAVE
Address	315 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR
Name	CRUZ, FRANKIE
Address	315 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	T
Name	VORTHMANN, DAWN
Address	315 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR
Name	ARDIS, JOHNNY
Address	315 W GARDEN ST
City-State-Zip:	PENSACOLA FL 32502

Title	S
Name	SOUTHERN-GODWIN, LAUREN
Address	315 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR
Name	JACKSON, LYNN
Address	315 WEST GARDEN STREET
City-State-Zip:	PENSACOLA FL 32502

Title	VP
Name	STEPHENS, JAMES E
Address	315 W GARDEN ST
City-State-Zip:	PENSACOLA FL 32502

Title	DIRECTOR
Name	ODEN, KELLY
Address	315 W GARDEN ST
City-State-Zip:	PENSACOLA FL 32502

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*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVE DEBLANDER**PRESIDENT****04/02/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MOODY, STEPHEN
Address	315 W GARDEN ST
City-State-Zip:	PENSACOLA FL 32502