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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712447 (2)

1. Corporation Name

GEORGE W. JENKINS FOUNDATION, INC.
PUBLIX SUPER MARKETS CHARITIES, INC.



Principal Place of Business

Mailing Address

1936 GEORGE JENKINS BLVD.
P. O. BOX 407
LAKELAND FL 33802

1936 GEORGE JENKINS BLVD.
P. O. BOX 407
LAKELAND FL 33802

3. Date Incorporated or Qualified
03/20/1967

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAY, CAROLYN C.
2116 E. GAGHET BLVD. 7211 ESTATE RD
LAKELAND FL 33809 33809

81 Name

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

83

84 City

FL

85

Zip Code

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 agent 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
NAME DAY, CAROLYN C
STREET ADDRESS 2116 E GAGHET BLVD 7211 ESTATE RD
CITY-ST-ZIP LAKELAND FL

1.1 TITLE P/D Change Addition
1.2 NAME HART, BARBARA O
1.3 STREET ADDRESS 415 EUNICE DRIVE
1.4 CITY-ST-ZIP LAKELAND, FL 33803

TITLE D DELETE
NAME JENKINS, HOWARD
STREET ADDRESS 5412 LYKES LANE
CITY-ST-ZIP TAMPA FL

2.1 TITLE VP/D Change Addition
2.2 NAME BARNETT, HOYT R
2.3 STREET ADDRESS 5815 LIVE OAK RD
2.4 CITY-ST-ZIP LAKELAND, FL 33813

TITLE CD DELETE
NAME BARNETT, CAROL
STREET ADDRESS 531 LONE PALM DRIVE 5815 LIVE OAK RD
CITY-ST-ZIP LAKELAND FL

3.1 TITLE T/D Change Addition
3.2 NAME JOHNSON, TINA P
3.3 STREET ADDRESS 5020 BAYSHORE BLVD #601
3.4 CITY-ST-ZIP TAMPA, FL 33611

TITLE D DELETE
NAME JENKINS, GEORGE W
STREET ADDRESS 2200 REANEY ROAD
CITY-ST-ZIP LAKELAND FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: CAROLYN C DAY

1/16/96 941 688-7407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # X 2331

CR2E037 (12/95)