### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # 712447

### PUBLIX SUPER MARKETS CHARITIES, INC.

Principal Place of Business									
1936	GEORGE	<b>JENKINS</b>	BLVD.						

2. Principal Place of Business

P. O. BOX 407 LAKELAND FL 33802

Suite, Apt. #, etc.

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Mailing Address

1936 GEORGE JENKINS BLVD.

LAKELAND FL 33802

2a. Mailing Address

Suite, Apt, #, etc.

Dit. P Ctata

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P. O. BOX 407

## **FILED** Feb 15, 1999 8:00am **Secretary of State**

02-15-1999 90028 022 \*\*\*\*61.25



3. Date Incorporated or Qualifed

03/20/1967

59-6194119

4. FEI Number

City & Sta	te	City & State				5. Certifcate of Status Desired		Fee Rec	wired		
3		28	Cou	nto.		C FL Complete Financia		\$5.00 N			
Zip	Country	Zip	_	muy		6. Election Campaign Financing		Added to	•		
4 25 29 30  9. Name and Address of Current Registered Agent					Trust Fund Contribution Added to Fees  10. Name and Address of New Registered Agent						
	9. Name and Address of Current	Kedistelen Alleur		81	Name	To regime and real east of the second		<u> </u>			
DAY, CAROLYN C.				82	Street Addr	ess (P.O. Box Number is Not Accep	itable)				
7211 EST	ATE ROAD			83				· · · · · · · ·			
LAKELAN	D FL 33809										
				84	City		FL	85 Zip C	ode		
	t to the provisions of Sections 617.0502	1047 4500 51-44-	District the o	h 01/0	named corn	oration submits this statement for th		changing its	egistered		
	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Fiorida Such change	was authorized	וו עט גו	he corporation	on's board of directors. I hereby acc					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered	Agent	signature require	d when reinstating)	DATE				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS A				
TITLE	SD	☐ DELE	TE 1.1 TI	TLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition Addition		
NAME	DAY, CAROLYN C		1.2 N	AME	ļ			•			
STREET ADDRESS			1.3 S	TREET	ADDRESS	a					
CITY-ST-ZIP	LAKELAND FL		1.4 C	ITY-ST-	-ZIP			<u> </u>			
TITLE	PD	☐ DELE	ETE 2.1 TI	TLE				Change	Additio		
NAME	BARNETT, CAROL		2.2 N	AME				•			
	s 5815 LIVE OAK RD		2.3 S	TREET	ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33813		2.40	HY-ST	-ZIP						
TITLE	TD	☐ DELI	ETE 3.1 T	ITLE				Change	☐ Additio		
NAME	JOHNSON, TINA P		3.2 N	AME							
-	\$ 5020 BAYSHORE BLVD, #601		3.3 \$	TREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL		3.4. 0	TY-ST	r-ZIP						
TITLE	D	☐ DELI	ETE 4.1 T	ITLE		<del>-</del>		Change	☐ Additio		
NAME	HART, BARBARA O		4.21	AME				مإه ريوني يا	170 173		
STREET ADDRES	s 415 EUNICE DRIVE		4.3 S	TREET.	ADDRESS	, · · · · · · · · · · · · · · · · · · ·					
CITY-ST-ZIP	LAKELAND FL 33803		4.4 0	ITY-ST	-ZIP			<u>. 5 (j. 18)</u>	11136		
TITLE	VP D	☐ DEL	ETE 5.1 T	ITLE				Change	Addition Addition		
NAME	BARNETT, HOYT R			IAME					• •		
	S 5815 LIVE OAK ROAD		5.3 S	TREET	ADDRESS				•		
CITY-ST-ZIP	LAKELAND FL			ITY-ST	- ZIP	1-			. =		
TITLE		☐ DEL						☐ Chànge	Addition Addition		
NAME			6.2 N	IAME							
STREET ADDRES	s		6.3 9	TREET	ADORESS						
CITY OT ZID				:TY-ST							
14. I hereby	certify that the information supplied with	this filing does not qu	alify for the exc	emptio	on stated in	Section 119.07(3)(i), Florida Statute	s. I further ce	ertify that the in	nformation		

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that if an afficier 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, with all other like empowered.

**SIGNATURE:** 

Applied For

Not Applicable