


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 011 ****61.25

DOCUMENT # 712447 1. Entity Name PUBLIX SUPER MARKETS CHARITIES, INC.					
Principal Place of Business 3300 AIRPORT RD LAKELAND, FL 33811 US			Mailing Address P. O. BOX 407 LAKELAND, FL 33815 US		
2. Principal Place of Business 3300 Publix Corporate Parkway			3. Mailing Address Suite, Apt. #, etc.		
City & State Lakeland, FL			City & State Lakeland, FL		
Zip 33811			Zip 33811		
Country US			Country US		
4. FEI Number 59-6194119			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, TINA 1936 GEORGE JENKINS BLVD LAKELAND, FL 33815			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARNETT, CAROL 5815 LIVE OAK RD LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, TINA P 5020 BAYSHORE BLVD, #601 TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HART, BARBARA 804 LAKE HOLLINGSWORTH DR LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D BARNETT, HOYT R 5815 LIVE OAK ROAD LAKELAND, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATTAWAY, JOHN 2217 HOLLINGSWORTH HILL LAKELAND, FL 33803	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, SHARON 935 FAIRLINGTON LAKELAND, FL 33813	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3300 Publix Corporate Parkway Lakeland, FL 33811
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Tina P Johnson</u>			2-15-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone			863-688-1188		