## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#712447** 

FILED Apr 23, 2009 Secretary of State

Entity Name: PUBLIX SUPER MARKETS CHARITIES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3300 PUBLIX CORP PKWY LAKELAND, FL 33811 **Current Mailing Address: New Mailing Address:** P. O. BOX 407 LAKELAND, FL 33815 US FEI Number: 59-6194119 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: JOHNSON, TINA JOHNSON, TINA P 3300 PUBLIC CORP PKWY 3300 PUBLIX CORP PKWY LAKELAND, FL 33811 LAKELAND, FL 33811 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: TINA P. JOHNSON 04/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BARNETT, CAROL Name: Name: 3300 PUBLIX CORP. PKWY Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: () Change () Addition Name: JOHNSON, TINA P Name: Address: 3300 PUBLIX CORP. PKWY Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: VPD () Delete Title: () Change () Addition HART, BARBARA Name: Name: 3300 PUBLIX CORP. PKWY Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: VP D ( ) Delete Title: () Change () Addition Name: BARNETT, HOYT R Name: 3300 PUBLIX CORP. PKWY Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: () Change () Addition ATTAWAY, JOHN Name: Name: 3300 PUBLIX CORP. PKWY Address: Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: () Change () Addition MILLER, SHARON Name: Name: Address: 3300 PUBLIX CORP. PKWY Address: LAKELAND, FL 33811 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: TINA P. JOHNSON TREA 04/23/2009