

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90252 041 ****61.25

DOCUMENT # 712447

1. Entity Name
PUBLIX SUPER MARKETS CHARITIES, INC.



Principal Place of Business

1936 GEORGE JENKINS BLVD.
LAKELAND FL 33815
US

Mailing Address

P. O. BOX 407
LAKELAND FL 33815
US

2. Principal Place of Business

3300 Airport Road
Suite, Apt. #, etc.
Lakeland Florida
City & State

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33811

Country
USA

Zip

Country

4. FEI Number **59-6194119**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 *Tina P Johnson*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARNETT, CAROL	
STREET ADDRESS	5815 LIVE OAK RD	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, TINA P	
STREET ADDRESS	5020 BAYSHORE BLVD, #601	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HART, BARBARA O	
STREET ADDRESS	804 LAKE HOLLINGSWORTH DR	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	BARNETT, HOYT R	
STREET ADDRESS	5815 LIVE OAK ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ATTAWAY, JOHN	
STREET ADDRESS	2217 HOLLINGSWORTH HILL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

1-31-03

863-688-7407

CR2E037 (10/02)