

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

1995 APR 27 PM 1:43

DOCUMENT # 715623

(5)

1. Corporation Name

WINN-DIXIE STORES FOUNDATION

800001470608

-05/02/95--01064--019

*******61.25 *****61.25**
DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

**5050 EDGEWOOD COURT
JACKSONVILLE FL 32254
US**

3. Date Incorporated or Qualified

11/25/1968

3a. Date of Last Report

04/18/1994

4. FEI Number

59-0995428

Applied For

☐ Not Applicable

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

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERSON, RONALD D
5050 EDGEWOOD COURT
JACKSONVILLE FL 32254**

81 Name

E. Ellis Zahra, Jr.

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE

E. Ellis Zahra, Jr.
Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

E. Ellis Zahra, Jr. 04/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD
NAME	DAVIS, A DANO
STREET ADDRESS	5050 EDGEWOOD CRT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	PD
NAME	MAY, L. H.
STREET ADDRESS	5050 EDGEWOOD CRT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	KUFELDT, JAMES
STREET ADDRESS	5050 EDGEWOOD CT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	V
NAME	MCKELLAR, C H
STREET ADDRESS	5050 EDGEWOOD CT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	TD
NAME	BRAGIN, D. H.
STREET ADDRESS	5050 EDGEWOOD CT
CITY - ST - ZIP	JACKSONVILLE, FL 00000
TITLE	S
NAME	RIPLEY, W. E., JR.
STREET ADDRESS	5050 EDGEWOOD CRT
CITY - ST - ZIP	JACKSONVILLE, FL 00000

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	32254
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	32254
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32254
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	VD
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	32254
5.1 TITLE	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	32254
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	4-27
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 110.07(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:

D. H. Bragin

D. H. Bragin

4/13/95

904/783-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER