FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

715623

(5)

WINN-DIXIE STORES FOUNDATION, INC.

Principal Place	of Business	Mailing Address				A HORSIN CREAT WERL WICH BINION WAS THE BIRIN BERLI BIRIN			
5050 EDGEWOOI JACKSONVILLE I		5050 EDGEWOOD COURT JACKSONVILLE FL 32254-3601							
US		US		3. Date Incorporated or Qualified 11/25/1968	3a. Dat	of Last R 5/02/199	eport 6		
2. Principal Pl	ace of Business	2a. Mailing Address			·	4. FEI Number		Ap	plied For
21		26				59-0995428		No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27				G. Communic of Blates Besiles	<u> </u>	Fee Re	quired
City & State		City & State			6. Election Campaign Financing	P****	\$5.00		
23		28				Trust Fund Contribution	<u>_ L.J</u>	Added 1	
Zip	Country	Žip	Cour	ntry		8. This corporation has liability for			199.032,
24		25 29 30 Name and Address of Current Registered Agent				Florida Statutes 10. Name and Address of New Re		No	
	9. Name and Address of Currer	it vaaistelen väetit		B1	Name	10. Name and Address of New Re	Sisteran W	Aeur	
			L		140110				
	E. ELLIS JR		82 Street Ad			ess (P.O. Box Number is Not Acceptat	ole)		
	SEWOOD COURT		H	83					
JACKSO	WILLE FL 32203		ľ						
			[84	City		FL	85 Zip (Code
44 Durouppt	to the provisions of Sections 617 050	2 and 617 1609 Florida Statut	on the sh		amad corp	oration submits this statement for the p		hanging it	e registered
office or ri	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by t	he corporati	ion's board of directors. I hereby acce	of the appo	intment as	registered
agent. La	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flo	orida Statu	utes.					
SIGNATURE _	Signature, typed or printed name of registered age	ant and title if annimable (NOTI	F Registered	Anent	einnali sa ramida	ed when reinstating)	DATE		
12.		D DIRECTORS	13.	/ GOIL	+ignatus restant	ADDITIONS/CHANGES TO OFFI		DIRECTOR	IS IN 12
TITLE	VD	DELETE	1.1 TIT	LE				Change	Addition
NAME	DAVIS, A DANO		1.2 NA	1.2 NAME			•	-	
STREET ADDRESS	5050 EDGEWOOD CRT				DDRESS				
CITY-S1-ZIP	JACKSONVILLE F 32254			1.4 CITY-ST-ZIP					
TITLE	PD DELETE		2.1 TITLE		***			Change	Addition
NAME	MAY, L. H.		2.2 NAME						
STREET ADORESS	5050 EDGEWOOD COURT		2.3 SYREET ADDRESS		ODRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32203		1	2. 4 CITY-ST-ZIP					
TITLE	D DELETE			3.1 TITLE				Change	Addition
NAME	KUFELDT, JAMES		1	3.2 NAME				-	
STREET ADDRESS			•	3.3 STREET ADDRESS					
CITY-ST-ZIP			3.4. Cf						
THLE	VD	DELETE 4.1						Change	☐ Addition
NAME	MCKELLAR, C H		4. 2 NA	AME					
STREET ADDRESS	5050 EDGEWOOD COURT		4.3 STF	reet al	ODRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32203		1	TY-\$T-					
TITLE	TD	DELETE	5.1 TIT					Change	Addition
NAME	BRAGIN, D. H.		5.2 NA	ME		•			
STREET ADDRESS	5050 EDGEWOOD COURT		5.3 STF	REET AL	OORESS				
CITY - ST - ZIP	JACKSONVILLE FL 32203			IY-ST-					
TITLE	S	DELETE	6.1 TITLE					Change	Addition
NAME	DIXON, J.W.		62 NA	ME	1				
STREET ADDRESS	5050 EDGEWOOD COURT				DDAESS				
CITY-ST-ZIP	JACKSONVILLE FL 32203		L	TY-ST-					

14. I do 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 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:

SUBJUST HATTIFE REQUIDED Bragin

04/10/97

904/783-5//7

FILED

May 08 1997 8:00am

Secretary of State