Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 715623

1. Corporation Name

WINN-DIXIE STORES FOUNDATION, INC.

Country

9. Name and Address of Current Registered Agent

25

Principal Place of Business
5050 EDGEWOOD COURT
JACKSONVILLE FL 32203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

5050 EDGEWOOD COURT JACKSONVILLE FL 32203

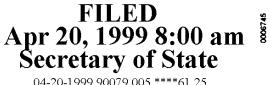
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Zip



04-20-1999 90079 005 \*\*\*\*61.25



Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

11/25/1968

59-0995428

FEI Number

ZAHRA, E. ELLIS JR			Street Address (P.O. Box Number is Not Acceptable)					
5050 EDGEWOOD COURT				<u> </u>				
JACKSONVILLE FL 32203							ł	
	•	84	City		85	Zip Co	ode	
	· · · · · · · · · · · · · · · · · · ·	L		FL FL				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12,	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	S IN 12	
TITLE	VD DELETE	1.1 TITLE			Cha	inge	☐ Addition	
NAME	DAVIS, A DANO	1.2 NAME						
STREET ADDRESS	5050 EDGEWOOD CRT	1.3 STREE	ADDRESS				{	
CITY-ST-ZIP	JACKSONVILLE F 32254	1.4 CITY-S	r-zip					
TITLE	PD DELETE	2.1 TITLE			Cha	ange	☐ Addition	
NAME	MAY, L. H.	2.2 NAME					}	
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32203	2.4 CITY-5	T-ZIP	· _ ·	_ `			
TITLE	VD DELETE	3.1 TITLE			☐ Cha	ange	Addition	
NAME	KUFELDT, JAMES	3.2 NAME					}	
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32203	3.4. CITY-5	T-ZIP					
TITLE	VD DELETE	4.1 TITLE		,	Ch	ange	☐ Addition	
NAME	MCKELLAR, C H	4. 2 NAME		·				
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32203	4.4 CITY-S	r-ZIP					
TITLE	TD : DELETE	5.1 TITLE			☐ Cha	ange	☐ Addition	
NAME	Bragin, D. H.	5.2 NAME						
STREET ADDRESS	5050 EDGEWOOD COURT	5.3 STREE	ADDRESS				İ	
CITY-ST-ZIP	JACKSONVILLE FL 32203	5.4 CITY-S	T-ZIP					
TITLE	\$ □ DELETE	6.1 TITLE			Ch	ange	Addition	
NAME	DIXON, J.W.	6.2 NAME					}	
STREET ADDRESS	5050 EDGEWOOD COURT	6.3 STREE	ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32203	6.4 CITY-S						
14: I hereby	certify that the information supplied with this filing does not qualify for the	e exempt	on state	d in Section 119.07(3)(i), Florida Statutes. I further cert	lify that	the inf	ormation	

Country

81 Name

30

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, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

904-783-5117