


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715623

1. Corporation Name
WINN-DIXIE STORES FOUNDATION, INC.

Principal Place of Business 5050 EDGEWOOD COURT JACKSONVILLE FL 32203 US	Mailing Address 5050 EDGEWOOD COURT JACKSONVILLE FL 32203 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/25/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0995428
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ZAHRA, E. ELLIS JR 5050 EDGEWOOD COURT JACKSONVILLE FL 32203		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, A DANO	1.2 NAME	
STREET ADDRESS	5050 EDGEWOOD CRT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE F 32254	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, L. H.	2.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUFELDT, JAMES	3.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKELLAR, C H	4.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAGIN, D. H.	5.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, J.W.	6.2 NAME	
STREET ADDRESS	5050 EDGEWOOD COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	6.4 CITY-ST-ZIP	

14: 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 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: D. H. Bragin **SIGNATURE REQUIRED** 904-783-5117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)