

FILED
Apr 09, 2007 8:00 am
Secretary of State

DOCUMENT # 715623

The Seal of the State of Florida is located in the top left corner. It is a circular emblem featuring a central figure, likely a personification of Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top inner edge, and "IN GOD WE TRUST" is at the bottom.

Mailing Address
5050 EDGEWOOD COURT
JACKSONVILLE, FL 32254 US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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03082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0995428

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HENRY, D F	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32254	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPEL, L.B.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SELLERS, M A	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32254	

TITLE	VID	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AUSTIN, A.L.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY - ST - ZIP	JACKSONVILLE, FL 32254		

TITLE	DVT	 Delete
NAME	HARDEE, K D	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32254	

TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REINKEN, S.C.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY - ST - ZIP	JACKSONVILLE, FL 32254		

TITLE	VS	<input type="checkbox"/> Delete
NAME	APPEL, L B	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY - ST - ZIP	JACKSONVILLE, FL 32254	

TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DERREBERRY, T.G.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAFEVER, D G	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	

TITLE	AS/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KICHLER, B.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		

TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	BYRUM, D M	
STREET ADDRESS	5050 EDGEWOOD COURT	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	

TITLE	AS/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JAMES, J.J.		
STREET ADDRESS	5050 EDGEWOOD COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32254		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

ATTACHMENT

40052896
715623

WINN-DIXIE STORES FOUNDATION
59-0995428
AS OF 11/21/2006

OFFICER	TITLE	ADDRESS
HENRY, D. F.	PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
AUSTIN, A.L.	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
REINKEN, S.C.	TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
DERREBERRY, T.G.	SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
KICHLER, B.	ASST. SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
JAMES, J. J.	ASST. SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
APPEL, L.B.	AT-LARGE DIRECTOR	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
ECKSTEIN, F.O.	AT-LARGE DIRECTOR	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254