


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90141 032 \*\*\*\*61.25

<b>DOCUMENT # 715623</b> 1. Entity Name <b>WINN-DIXIE FOUNDATION, INC.</b>					
Principal Place of Business <b>5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 US</b>			Mailing Address <b>5050 EDGEWOOD COURT JACKSONVILLE, FL 32254 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRY, D F 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, A.L. 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REINKEN, S.C. 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPEL, L B 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD KICHLER, B 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD JAMES, J.J. 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>David Henry</u>			(904) 783-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

WINN-DIXIE STORES FOUNDATION  
59-0995428

OFFICER	TITLE	ADDRESS
HENRY, D. F.	PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
PORTNOY, D.	VICE PRESIDENT	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
BYRUM, D.M.	TREASURER	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
GROOMS, T.L.	SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254
IBOLD, C.B.	ASST. SECRETARY	5050 EDGEWOOD COURT, JACKSONVILLE, FL 32254

ATTACHMENT

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