

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712447

Entity Name: PUBLIX SUPER MARKETS CHARITIES, INC.**Current Principal Place of Business:**3300 PUBLIX CORP PKWY
LAKELAND, FL 33811**Current Mailing Address:**3300 PUBLIX CORP PKWY
LAKELAND, FL 33811 US**FEI Number: 59-6194119****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JOHNSON, TINA P
3300 PUBLIX CORP PKWY
LAKELAND, FL 33811 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BARNETT, CAROL
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	TD
Name	JOHNSON, TINA P
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	VP D
Name	HART, BARBARA
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	VP D
Name	BARNETT, HOYT R
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	SD
Name	ATTAWAY, JOHN
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	D
Name	MILLER, SHARON
Address	3300 PUBLIX CORP. PKWY
City-State-Zip:	LAKELAND FL 33811

Title	DIRECTOR
Name	WILLIAMS-PUCCIO, KELLY
Address	3300 PUBLIX CORP PKWY
City-State-Zip:	LAKELAND FL 33811

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TINA P. JOHNSON**TREASURER****01/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date