

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712447

**FILED**  
**Mar 03, 2016**  
**Secretary of State**  
**CC7805267321**

**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 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**

**03/03/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date