

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715623

**Entity Name:** BI-LO HOLDINGS FOUNDATION, INC.

**Current Principal Place of Business:**

8928 PROMINENCE PARKWAY, #200  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

8928 PROMINENCE PARKWAY, #200  
JACKSONVILLE, FL 32256 US

**FEI Number:** 59-0995428

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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           TREASURER, DIRECTOR  
Name           JONES, KENNETH E.  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           VP, SECRETARY AND DIRECTOR  
Name           GRIMM, M. SANDLIN  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           PRESIDENT, DIRECTOR  
Name           RHEE, RAYMOND  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           VP  
Name           HURLEY, MEREDITH  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           VICE PRESIDENT AND ASSISTANT  
                  TREASURER  
Name           PIERCE, AMY  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           DIRECTOR  
Name           NADIN, ADREW  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           DIRECTOR  
Name           AQUILA, TRACY  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

Title           DIRECTOR  
Name           HOBBS, KENDRICK  
Address        8928 PROMINENCE PARKWAY, #200  
City-State-Zip: JACKSONVILLE FL 32256

**Continues on page 2**

*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:** GRIMM, M. SANDLIN

**SECRETARY**

**04/27/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR

Name            MURFIN, TIM

Address        8928 PROMINENCE PARKWAY, #200

City-State-Zip: JACKSONVILLE FL 32256