

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45598**

1. Entity Name

THE PROGRESSIVE PALLBEARERS GRAND UNION, INC.



Principal Place of Business

1902 W. MAIN ST.  
TAMPA FL 33607

Mailing Address

620 S.W. 5TH TERRACE  
GAINESVILLE FL 32601  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3092705

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, ANN LA'VERNE  
620 S.W. 5TH TERRACE  
GAINESVILLE FL 32601

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	RYLES, WILLIAM	
STREET ADDRESS	1823 N.E. 3RD AVENUE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHINGTON, ANN	
STREET ADDRESS	620 S.W. 5TH TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARDNER, EUGENE	
STREET ADDRESS	2115 119TH STREET NORTH	
CITY- ST- ZIP	LARGO FL	
TITLE	FS	<input type="checkbox"/> Delete
NAME	RYLES, CAROLYN	
STREET ADDRESS	1823 N.E. 3RD AVENUE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME	WASHINGTON, LEROY	
STREET ADDRESS	620 S.W. 5TH TERRACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	GMT	<input type="checkbox"/> Delete
NAME	GARVIN, FOSTER	
STREET ADDRESS	2604 E. 18TH AVENUE	
CITY- ST- ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000320878
STREET ADDRESS	04/21/05-80057-001 70.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Ann LaVerne Washington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

352-265-7961

Daytime Phone #