

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45598**

1. Entity Name

THE PROGRESSIVE PALLBEARERS GRAND UNION, INC.



Principal Place of Business

620 SW 5TH TERRACE  
GAINESVILLE FL 32601

Mailing Address

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

59-3092705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 ☐ Delete  
NAME: RYLES, WILLIAM  
STREET ADDRESS: 1823 N.E. 3RD AVENUE  
CITY-STATE-ZIP: GAINESVILLE FL

TITLE: P ☐ Delete  
NAME: WASHINGTON, ANN  
STREET ADDRESS: 620 S.W. 5TH TERRACE  
CITY-STATE-ZIP: GAINESVILLE FL

TITLE: FS ☐ Delete  
NAME: RYLES, CAROLYN  
STREET ADDRESS: 1823 N.E. 3RD AVENUE  
CITY-STATE-ZIP: GAINESVILLE FL

TITLE: T ☐ Delete  
NAME: FORD, NANCY L  
STREET ADDRESS: 5714 MAHALIA DR  
CITY-STATE-ZIP: JACKSONVILLE FL 32209

TITLE: GMT ☐ Delete  
NAME: GARVIN, FOSTER  
STREET ADDRESS: 2604 E. 18TH AVENUE  
CITY-STATE-ZIP: TAMPA FL

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME: U00000660457  
STREET ADDRESS: 03/20/07-80001-009 70.00  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ann LaVerne Washington* - Ann LaVerne Washington 3/7/07 352-265-7941