

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13386

Entity Name: PROGRESS VILLAGE FOUNDATION, INC.**Current Principal Place of Business:**7935 FLOWER AVE.
TAMPA, FL 33619-7142**Current Mailing Address:**7935 FLOWER AVE.
TAMPA, FL 33619-7142 US**FEI Number:** 59-2807536**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOWERS, WALLACE Z
8306 FIR DR
TAMPA, FL 33619 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:** WALLACE Z. BOWERS

05/01/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name WASHINGTON, LINDA
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name BOWERS, WALLACE
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL

Title PRESIDENT
Name BOWERS, LOIS
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL

Title ASST. TREASURER
Name WEBB, BEVERLY
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL

Title TREASURER
Name REED, D. SHENELL
Address 7935 FLOWER AVE.
City-State-Zip: TAMPA FL 33619

Title SECRETARY
Name FORD, JACKIE
Address 7935 FLOWER AVE.
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name BRADLEY, TWANDA
Address 7935 FLOWER AVE.
City-State-Zip: TAMPA FL 33619-7142

Title DIRECTOR
Name BARRON, JACKIE
Address 7935 FLOWER AVE.
City-State-Zip: TAMPA FL 33619-7142

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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: D. SHENELL REED**TREASURER**

05/01/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name COLLETON, PAM
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name HALL, GLORIA
Address 7935 FLOWER AVENUE
City-State-Zip: TAMPA FL 33619