## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009823

Entity Name: COLLECTIVE EMPOWERMENT GROUP OF THE TAMPA BAY

AREA, INC.

**Current Principal Place of Business:** 

1201 7TH AVENUE SOUTH ST. PETERSBURG, FL 33712

**Current Mailing Address:** 

P. O. BOX 12845

ST. PETERSBURG, FL 33733 US

FEI Number: 47-5265320 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUBBARD, JACQUELINE W 1762 28TH AVENUE SOUTH ST. PETERSBURG, FL 33712 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

**FILED** Feb 18, 2018

Secretary of State

CC5830680126

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN Title DIRECTOR, SECRETARY Name AQUIL, ASKIA M Name BAREFIELD, ERNEST G Address 4730 6TH AVENUE SOUTH Address 7445 QUAIL MEADOW ROAD

City-State-Zip: ST. PETERSBURG FL 33711 City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR, VP Title DIRECTOR, TREASURER

FAVORITE, WILMINGTON J REV. DR. Name WILLIAMS, CLARENCE A PASTOR Name Address 108 FALLING WATER DRIVE Address 13205 WATERFORD RUN DRIVE

City-State-Zip: RIVERVIEW FL 33569 City-State-Zip: BRANDON FL 33511

Title DIRECTOR, VP Title DIRECTOR, VC

Name GALLARDO, GYPSY C SCOTT, THOMAS BISHOP Name

Address 2900 DESOTO WAY SOUTH **3412 22ND AVENUE** Address City-State-Zip: ST. PETERSBURG FL 33712 City-State-Zip: TAMPA FL 33605

Title DIRECTOR, VP Title DIRECTOR, VC

Name CONEY, CHLOE E DR. MURPHY, LOUIS M SR., PASTOR Name Address 2303 BANDY DRIVE Address 2551 TROPICAL SHORES DRIVE S.E. City-State-Zip: SEFFNER FL 33584

ST. PETERSBURG FL 33712 City-State-Zip:

## 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: IMAM ASKIA MUHAMMAD AQUIL

**CHAIRMAN** 

02/18/2018

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR, VP Title DIRECTOR, VC

Name DAMES, JR., GLENN B. REV. DR. Name MCFADDEN, SR., JOSEPH S. REV. DR.

Address 2101 NORTH LOWE STREET Address 205 SW ED GLOVER ST
City-State-Zip: TAMPA FL 33605 City-State-Zip: MICANOPY FL 32667