

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000009823

FILED
Apr 29, 2017
Secretary of State
CC8008075035

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

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name AQUIL, ASKIA M
Address 4730 6TH AVENUE SOUTH
City-State-Zip: ST. PETERSBURG FL 33711

Title DIRECTOR, SECRETARY
Name BAREFIELD, ERNEST G
Address 7445 QUAIL MEADOW ROAD
City-State-Zip: PLANT CITY FL 33565

Title DIRECTOR, VC
Name WILLIAMS, CLARENCE A PASTOR
Address 108 FALLING WATER DRIVE
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name FAVORITE, WILMINGTON J DR.
Address 13205 WATERFORD RUN DRIVE
City-State-Zip: RIVERVIEW FL 33569

Title DIRECTOR, VC
Name SCOTT, THOMAS DR.
Address 3412 22ND AVENUE
City-State-Zip: TAMPA FL 33605

Title DIRECTOR
Name GALLARDO, GYPSY C
Address 2900 DESOTO WAY SOUTH
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name LYONS, HENRY J DR.
Address 303 NORTH OREGON AVENUE
City-State-Zip: TAMPA FL 33606

Title DIRECTOR
Name NEWSOME, BETTYE J
Address 12519 NATUREVIEW CIRCLE
City-State-Zip: BRADENTON FL 34212

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: ASKIA MUHAMMAD AQUIL

**PRESIDENT & BOARD
CHAIR**

04/29/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, TREASURER
Name MURPHY, LOUIS M SR., PASTOR
Address 2551 TROPICAL SHORES DRIVE S.E.
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR
Name CONEY, CHLOE E DR.
Address 2303 BANDY DRIVE
City-State-Zip: SEFFNER FL 33584