

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006610

Entity Name: COLLECTIVE EMPOWERMENT GROUP OF SOUTH FLORIDA,
INCORPORATED**FILED**
Feb 04, 2017
Secretary of State
CC2268963857**Current Principal Place of Business:**6001 NW 8TH AVENUE
MIAMI, FL 33127**Current Mailing Address:**6001 NW 8TH AVENUE
MIAMI, FL 33127 US**FEI Number: 20-1348951****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIS, JOAQUIN DR.
6001 NW 8TH AVENUE
MIAMI, FL 33127 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 D, P
Name WILLIS, JOAQUIN DR.
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title VP D
Name JONES, ERIC
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title D,
Name ANDERSON, MICHAEL
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title SECRETARY, DIRECTOR
Name ADAMS, JAMES
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title TREASURER, DIRECTOR
Name DUCKWORTH, WILLIE
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name BROWN, JIMMIE
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name GERVAIS, EDDY
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name HAFNER, LAURIE
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

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: R. JOAQUIN WILLIS**PRESIDENT****02/04/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name JACKSON, SR., ALPHONSO
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name SIPLIN, HOWARD
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name WEST, PAUL
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name NASH-LESTER, CAROL
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name SMITH, GASTON
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name WOODS, DARIN
Address 6001 NW 8TH AVENUE
City-State-Zip: MIAMI FL 33127