

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006610

Entity Name: COLLECTIVE EMPOWERMENT GROUP OF SOUTH FLORIDA, INCORPORATED**FILED**
Feb 13, 2025
Secretary of State
5577859297CC**Current Principal Place of Business:**4900 W. HALLANDALE BEACH BOULEVARD
PEMBROKE PARK, FL 33023**Current Mailing Address:**P. O. BOX 557035
MIAMI, FL 33255 US**FEI Number: 20-1348951****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIS, JOAQUIN DR.
4900 W. HALLANDALE BEACH BOULEVARD
PEMBROKE PARK, FL 33023 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 PRESIDENT, DIRECTOR
Name PHANORD, BERNARD . MINISTER
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name ANDERSON, MICHAEL REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name GERVAIS, EDDY REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title VICE CHAIR, DIRECTOR
Name CHAMBERS, III, JOHN H. REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title CHAIR, DIRECTOR
Name JACKSON, JR, ALPHONSO
 REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name NASH LESTER, CAROL REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name HAFNER, LAURIE REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name BROOKS, ROBERT REVEREND
Address 4900 W. HALLANDALE BEACH
 BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

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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: ANTONIO PRADO**EXECUTIVE DIRECTOR****02/13/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DUKE, KELON REVEREND
Address 4900 W. HALLANDALE BEACH BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name PARROT, BENJAMIN REVEREND
Address 4900 W. HALLANDALE BEACH BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title SECRETARY, DIRECTOR
Name DUNN, BRANDON REVEREND
Address 4900 W. HALLANDALE BEACH BLVD
City-State-Zip: PEMBROKE PARK FL 33023

Title DIRECTOR
Name JOHNSON, THEO REVEREND
Address 4900 W. HALLANDALE BEACH BOULEVARD
City-State-Zip: PEMBROKE PARK FL 33023

Title ASSISTANT SECRETARY -
EXECUTIVE DIRECTOR
Name PRADO, ANTONIO
Address P. O. BOX 557035
City-State-Zip: MIAMI FL 33255

Title DIRECTOR
Name REED, ANTHONY REVEREND
Address 4900 W. HALLANDALE BEACH BLVD
City-State-Zip: PEMBROKE PARK FL 33023