

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009823

**Entity Name:** COLLECTIVE EMPOWERMENT GROUP OF THE TAMPA BAY AREA, INC.

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**6988046891CC**

**Current Principal Place of Business:**

1201 7TH AVENUE SOUTH  
ST. PETERSBURG, FL 33705

**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, CEO, PRESIDENT  
Name AQUIL, ASKIA M IMAM  
Address 4730 6TH AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33711

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

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

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

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

Title DIRECTOR  
Name DAMES, JR., GLENN B. REV. DR.  
Address 2101 NORTH LOWE STREET  
City-State-Zip: TAMPA FL 33605

Title DIRECTOR  
Name IRBY, KENNY F. PASTOR  
Address 6149 27TH STREET SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33712

Title DIRECTOR  
Name MCLEOD, LINDA REV.  
Address UNITY OF MIDTOWN  
511 PRESCOTT STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

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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: IMAM ASKIA MUHAMMAD AQUIL**

**CEO & PRESIDENT**

**04/03/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MCMILLAN, TERRY S. OVERSEER  
Address NEW DAWN RESTORATION CENTER  
5308 E. COLUMBUS DRIVE  
City-State-Zip: TAMPA FL 33619

Title DIRECTOR  
Name SIPLIN, ELIZABETH V. PASTOR  
Address NEW FAITH FREE METHODIST CHURCH  
2427 IRVING AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

Title DIRECTOR  
Name RIGGINS, CAROLYN PASTOR  
Address BETHANY TABERNACLE  
8206 N. 9TH STREET  
City-State-Zip: TAMPA FL 33604-3114

Title DIRECTOR  
Name WHITE, ANTHONY C. REV. DR.  
Address BIBLE-BASED FELLOWSHIP CHURCH  
4811 EHRLICH RD  
City-State-Zip: TAMPA FL 33624