

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009823

**FILED**  
**Apr 08, 2020**  
**Secretary of State**  
**2571192143CC**

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

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

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

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

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

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

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

**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

**DIRECTOR/CHAIRMAN**

**04/08/2020**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title DIRECTOR, VC  
Name MCFADDEN, SR., JOSEPH S. REV. DR.  
Address 205 SW ED GLOVER ST  
City-State-Zip: MICANOPY FL 32667

Title DIRECTOR  
Name PRITCHETT II, REV. J. C.  
Address 2525 DARTMOUTH AVENUE NORTH  
City-State-Zip: SAINT PETERSBURG FL 33713