

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90041 034 \*\*\*\*70.00

**DOCUMENT # N98000003677**

1. Entity Name

**PEACE BE STILL APOSTOLIC CHURCH INC.**

Principal Place of Business

Mailing Address

**3020 N.W. 191 STREET  
 MIAMI FL 33056**

**3020 N.W. 191 STREET  
 MIAMI FL 33056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OPA LOCKA, Fla.**

4. FEI Number

**65-0848226**

Applied For

Not Applicable

Zip

Country

Zip

Country

**3-3054**

**DADE**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, ALFRED JR  
 3020 N.W. 191 STREET  
 MIAMI FL 33056**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLARK, ALFRED JR	
STREET ADDRESS	3020 N.W. 191 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CLARK, LUCIUS	
STREET ADDRESS	3020 N.W. 191 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CLARK, KAREN Y	
STREET ADDRESS	3020 N.W. 191 STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Y Clark*

043001 (305) 621 4428

CR2E037 (10/00)