

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jul 08, 2005  
Secretary of State**

DOCUMENT# N98000003677

Entity Name: PEACE BE STILL APOSTOLIC CHURCH INC.

**Current Principal Place of Business:**

3020 N.W. 191 STREET  
MIAMI, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540143  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0848226      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CLARK, ALFREND JR  
3020 N.W. 191 STREET  
MIAMI, FL 33056      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: CLARK, ALFRED JR  
Address: 3020 N.W. 191 STREET  
City-St-Zip: MIAMI, FL 33056

Title: DS      ( ) Delete  
Name: CLARK, LUCIUS  
Address: 3020 N.W. 191 STREET  
City-St-Zip: MIAMI, FL 33056

Title: DT      ( ) Delete  
Name: CLARK, KAREN Y  
Address: 3020 N.W. 191 STREET  
City-St-Zip: MIAMI, FL 33056

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALFRED CLARK

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DP

07/08/2005

\_\_\_\_\_  
Date