


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001818
 1. Entity Name
 PEACE BE STILL YOUTH DEVELOPMENT CENTER, INC.



Principal Place of Business Mailing Address
 3020 NW 191 ST. PO BOX 540143
 CAROL CITY, FL 33056 OPA LOCKA, FL 33054

DO NOT WRITE IN THIS SPACE



03302004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CLARK, ALFRED
 3020 NW 191 ST.
 CAROL CITY, FL 33056

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000105336
 04/07/04-80022-006 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, ALFRED 3020 NW 191 STREET OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, KAREN Y 3020 NW 191 STREET OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOPKINS, RONALD A 3110 NW 165 STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COPELAND, RUTH 1940 NW 166 STREET OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 Clark, Karen Clark, Program Director 3/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day to Phone #