

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
3020 NW 191 ST.
CAROL CITY, FL 33056

Mailing Address
PO BOX 540143
OPA LOCKA, FL 33054



03302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

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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IN THIS SPACE**

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