

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

**FILED**  
**Mar 12, 2005 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

*check*



03072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>NOT APPLICABLE  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> 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 re-appointing)

|   |  |
|---|--|
| Filing Fee is \$61.25<br>Due by May 1, 2005 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

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

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03/12/05-80008-003 70.00

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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)(f), 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) 3/8/05 3056214428

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR