


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

DO NOT WRITE IN THIS SPACE

check



03072005 No Chg-NP CR2E037 (10/03)

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

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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 constituting)

Filing Fee is \$61.25
Due by May 1, 2005

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

100000260022
 03/12/05-80608-003 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)(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 DATE Daytime Phone #