

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 12, 2007  
Secretary of State**

DOCUMENT# N99000001818

Entity Name: PEACE BE STILL YOUTH DEVELOPMENT CENTER, INC.

**Current Principal Place of Business:**

3020 NW 191 ST.  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540143  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-0970901      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARK, ALFRED  
3020 NW 191 ST.  
CAROL CITY, 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: PD      ( ) Delete  
Name: CLARK, ALFRED  
Address: 3020 NW 191 STREET  
City-St-Zip: OPA LOCKA, FL 33056

Title: VD      ( ) Delete  
Name: CLARK, KAREN Y  
Address: 3020 NW 191 STREET  
City-St-Zip: OPA LOCKA, FL 33056

Title: TD      ( ) Delete  
Name: HOPKINS, RONALD A  
Address: 3110 NW 165 STREET  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD      ( ) Delete  
Name: COPELAND, RUTH  
Address: 1940 NW 166 STREET  
City-St-Zip: OPA LOCKA, FL 33054

**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:

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 Chapter 119, 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

PD

01/12/2007

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

\_\_\_\_\_  
Date