


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90034 001 \*\*\*131.25

**DOCUMENT # N99000001818**

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



Principal Place of Business  
 3020 NW 191 ST.  
 MIAMI GARDENS, FL 33056

Mailing Address  
 PO BOX 540143  
 OPA LOCKA, FL 33054

**66001792**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02182008 Chg-NP CR2E037 (12/06)

City & State  
 Zip Country

4. FEI Number  
 65-0970901

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLARK, ALFRED	
STREET ADDRESS	3020 NW 191 STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, KAREN Y	
STREET ADDRESS	3020 NW 191 STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33056	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, RONALD A	
STREET ADDRESS	3110 NW 165 STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COPELAND, RUTH	
STREET ADDRESS	1940 NW 166 STREET	
CITY-ST-ZIP	OPA LOCKA, FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTAN THOMAS	
STREET ADDRESS	901 N.W. 35 TERR.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICKA GARNER	
STREET ADDRESS	15200 N.W. 31 AVE	
CITY-ST-ZIP	MIAMI GARDENS, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Alfred Clark Alfred CLARK - President 2/15/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #