

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-29-2008 90034 001 ***131.25

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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 #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02182008

Chg-NP

CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

CLARK, ALFRED
3020 NW 191 ST.
CAROL CITY, FL 33056

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 ☐ Delete
NAME CLARK, ALFRED
STREET ADDRESS 3020 NW 191 STREET
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE VD ☐ Delete
NAME CLARK, KAREN Y
STREET ADDRESS 3020 NW 191 STREET
CITY-ST-ZIP OPA LOCKA, FL 33056

TITLE TD ☒ Delete
NAME HOPKINS, RONALD A
STREET ADDRESS 3110 NW 165 STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE SD ☒ Delete
NAME COPELAND, RUTH
STREET ADDRESS 1940 NW 166 STREET
CITY-ST-ZIP OPA LOCKA, FL 33054

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME T/T
STREET ADDRESS KRISTAN THOMAS
CITY-ST-ZIP 901 N.W. 35 TERR.
FT LAUDERDALE, FL 33311

TITLE ☐ Change ☐ Addition
NAME S
STREET ADDRESS ERICKA GARNER
CITY-ST-ZIP 15200 N.W. 31 AVE
MIAMI GARDENS, FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #