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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719147** (1)

1. Corporation Name
YOUTH AND FAMILY ALTERNATIVES, INC.

Principal Place of Business	Mailing Address
7524 PLATHE RD NEW PORT RICHEY FL 34653-4520	7524 PLATHE RD NEW PORT RICHEY FL 34653-4520

3. Date Incorporated or Qualified: 08/17/1970

4. FEI Number: 59-1545990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No N/A

9. Name and Address of Current Registered Agent

~~ROE, LEONARD~~
~~5006-208 TROUBLE CREEK ROAD~~
~~NEW PORT RICHEY 34652~~

10. Name and Address of New Registered Agent

81 Name: TORRENCE, ALFRED W., JR.
82 Street Address (P.O. Box Number is Not Acceptable): 6645 RIDGE ROAD
83
84 City: PORT RICHEY **FL** 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ✓ _____ ALFRED W. TORRENCE, JR. 1/27/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	FOSTER, MALCOLM		1.2 NAME	FOSTER, MALCOLM	
STREET ADDRESS	6641-2 MADISON STR		1.3 STREET ADDRESS	6641-2 MADISON STREET	
CITY-ST-ZIP	NEW PT RICHEY FL		1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	STD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	COULTER, PAMELA		2.2 NAME	COULTER, PAMELA	
STREET ADDRESS	8980 CREST FOREST BLVD.		2.3 STREET ADDRESS	8980 CREST FOREST BLVD	
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE	PD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	TRASK, THOMAS J		3.2 NAME	TRASK, THOMAS J	
STREET ADDRESS	595 MAIN ST.		3.3 STREET ADDRESS	595 MAIN STREET	
CITY-ST-ZIP	DUNDEN FL		3.4 CITY-ST-ZIP	DUNEDIN, FL	
TITLE		☐ DELETE	4.1 TITLE	STD	☐ Change ☒ Addition
NAME			4.2 NAME	TORRENCE, ALFRED W	
STREET ADDRESS			4.3 STREET ADDRESS	6645 RIDGE RD	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PORT RICHEY, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ ~~SIGNATURE REQUIRED~~ ALFRED W. TORRENCE JR. 1-27-98 813-845-6624