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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
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DOCUMENT # **719147** (1)

1. Corporation Name

YOUTH AND FAMILY ALTERNATIVES, INC.

Principal Place of Business

7524 PLATHE RD
NEW PORT RICHEY FL 34653-4520

Mailing Address

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

ROE, LEONARD

5006-208 TROUBLE CREEK ROAD

NEW PORT RICHEY 34652

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

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 ☐ DELETE
NAME VD
STREET ADDRESS FOSTER, MALCOLM
CITY-ST-ZIP 6641-2 MADISON STR
NEW PT RICHEY FL

TITLE ☐ DELETE
NAME STD
STREET ADDRESS COULTER, PAMELA
CITY-ST-ZIP 8980 CREST FOREST BLVD.
NEW PORT RICHEY FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS TRASK, THOMAS J
CITY-ST-ZIP 595 MAIN ST.
DUNDEN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME CD
1.3 STREET ADDRESS FOSTER, MALCOLM
1.4 CITY-ST-ZIP 6641-2 MADISON STREET
NEW PORT RICHEY, FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS COULTER, PAMELA
2.4 CITY-ST-ZIP 8980 CREST FOREST BLVD
NEW PORT RICHEY, FL

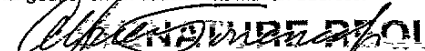
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D
3.3 STREET ADDRESS TRASK, THOMAS J
3.4 CITY-ST-ZIP 595 MAIN STREET
DUNDEN, FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME STD
4.3 STREET ADDRESS TORRENCE, ALFRED W
4.4 CITY-ST-ZIP 6645 RIDGE RD
PORT RICHEY, FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:  ALFRED W. TORRENCE, JR. 1-27-98 813-845-6224

CR2E037 (10/97)