FILE NOW: FILING FEE IS $61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State
02-23-1999 90115 043 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **719147**

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

104735 · 90115 · 43

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/17/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1545990 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TORRENCE, ALFRED W JR
6645 RIDGE RD
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	FOSTER, MALCOLM		1.2 NAME	FOSTER, MALCOLM	
STREET ADDRESS	6641-2 MADISON ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT RICHEY FL		1.4 CITY-ST-ZIP		
TITLE	~~VD~~	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	~~COULTER, PAMELA~~		2.2 NAME		
STREET ADDRESS	~~8980 CREST FOREST BLVD~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW PORT RICHEY FL~~		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRASK, THOMAS J		3.2 NAME		
STREET ADDRESS	595 MAIN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNDEN FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	TORRENCE, ALFRED W		4.2 NAME	TORRENCE, ALFRED	
STREET ADDRESS	6645 RIDGE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	VD	☐ Change ☒ Addition
NAME			5.2 NAME	SHERIFF LEE CANNON	
STREET ADDRESS			5.3 STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	
TITLE		☐ DELETE	6.1 TITLE	STD	☐ Change ☒ Addition
NAME			6.2 NAME	SHERIFF THOMAS A. MYLANDER	
STREET ADDRESS			6.3 STREET ADDRESS	18900 CORTEZ BLVD	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BROOKSVILLE, FL	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-8-99 727-845-6224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)