2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# 719147

Entity Name: YOUTH AND FAMILY ALTERNATIVES, INC.

Current Principal Place of Business:

7524 PLATHE RD
NEW PORT RICHEY, FL 346534520

New Principal Place of Business:

Current Mailing Address:

7524 PLATHE RD
NEW PORT RICHEY, FL 346534520

New Mailing Address:

FEI Number: 59-1545990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FOSTER, MALCOLM	
Address:	6641-2 MADISON ST	
City-St-Zip:	NEW PT RICHEY, FL	
Title:	D	( ) Delete
Name:	TRASK, THOMAS J	
Address:	595 MAIN ST.	
City-St-Zip:	DUNDEN, FL	
Title:	D	( ) Delete
Name:	TORRENCE, ALFRED W	
Address:	6645 RIDGE RD	
City-St-Zip:	PORT RICHEY, FL	
Title:	CD	( ) Delete
Name:	MYLANDER, THOMAS A	
Address:	9304 SILSES CAMPON RD	
City-St-Zip:	BROOKSVILLE, FL 34601	
Title:	STD	( ) Delete
Name:	BALKCOM, RICHARD	
Address:	8726 OLD S.R. 54	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	M	( ) Change (X) Addition
Name:	MAGRILL, GEORGE	
Address:	7524 PLATHE ROAD	
City-St-Zip:	NEW PORT RICHEY, FL 34653	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD BALKCOM STD 01/10/2003
Electronic Signature of Signing Officer or Director — Date