

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009360

Entity Name: THE YOUTH AND FAMILY ALTERNATIVES FOUNDATION, INC.**Current Principal Place of Business:**7524 PLATHE ROAD
NEW PORT RICHEY, FL 34653**Current Mailing Address:**7524 PLATHE ROAD
NEW PORT RICHEY, FL 34653**FEI Number:** 45-3782133**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WICKHAM, MARK A
7524 PLATHE ROAD
NEW PORT RICHEY, FL 34653 US*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

Officer/Director Detail :

Title OFFICER
Name BEKESH, RICHARD
Address 3014 US HWY 19
City-State-Zip: HOLIDAY FL 34691

Title OFFICER
Name CRUMBLEY, ALISON
Address 3126 LITTLE ROAD
City-State-Zip: TRINITY FL 34668

Title CHAIRMAN
Name TORRENCE, ALFRED W. JR.
Address 10311 LAKEVIEW DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654-3527

Title OFFICER
Name BANDES, ROBERT
Address 1368 SPAULDING ROAD
SUITE C
City-State-Zip: DUNEDIN FL 34698-5039

Title OFFICER
Name MAGRILL, GEORGE
Address 1017 LAKE CHARLES CIRCLE
City-State-Zip: LUTZ FL 33548

Title OFFICER
Name ROE, GREG
Address 9851 STATE ROAD 54
City-State-Zip: NEW PORT RICHEY FL 34655

Title OFFICER
Name WICKHAM, MARK
Address 7524 PLATHE ROAD
City-State-Zip: NEW PORT RICHEY FL 34653

Title OFFICER
Name BAKER, RICHARD
Address 2535 SUCCESS DRIVE
City-State-Zip: ODESSA FL 33556

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I hereby 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 all other like empowered.

SIGNATURE: MARK WICKHAM**PRESIDENT/CEO****06/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title OFFICER
Name TRASK, THOMAS J.
Address 1001 SOUTH FORT HARRISON AVENUE
 STE. 201
City-State-Zip: CLEARWATER FL 33756

Title OFFICER
Name ANDERSON, DON
Address 5652 PINE STREET
City-State-Zip: NEW PORT RICHEY FL 34652