

**2019 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 34691Title OFFICER  
Name CRUMBLEY, ALISON  
Address 3126 LITTLE ROAD  
City-State-Zip: TRINITY FL 34668Title CHAIRMAN  
Name TORRENCE, ALFRED W. JR.  
Address 10311 LAKEVIEW DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654-3527Title OFFICER  
Name BANDES, ROBERT  
Address 1368 SPAULDING ROAD  
SUITE C  
City-State-Zip: DUNEDIN FL 34698-5039Title OFFICER  
Name MAGRILL, GEORGE  
Address 1017 LAKE CHARLES CIRCLE  
City-State-Zip: LUTZ FL 33548Title OFFICER  
Name ROE, GREG  
Address 9851 STATE ROAD 54  
City-State-Zip: NEW PORT RICHEY FL 34655Title OFFICER  
Name WICKHAM, MARK  
Address 7524 PLATHE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34653Title OFFICER  
Name BAKER, RICHARD  
Address 2535 SUCCESS DRIVE  
City-State-Zip: ODESSA FL 33556**Continues on page 2**

*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 A. WICKHAM**REGISTERED AGENT****01/15/2019**\_\_\_\_\_  
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

Title                   OFFICER  
Name                 GLEWEN, CANDACE BELL  
Address            MIDFLORIDA CREDIT UNION  
                      7401 STATE ROAD 54  
City-State-Zip:   NEW PORT RICHEY FL 34653