2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2021
Secretary of State
9565934544CC

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 — CEO / PRESIDENT — 02/03/2021

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