

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007**  
**Secretary of State**

DOCUMENT# 717744

Entity Name: SEMINOLE COMMUNITY MENTAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

237 FERNWOOD BLVD  
FERN PARK, FL 32730 US

**New Principal Place of Business:**

**Current Mailing Address:**

237 FERNWOOD BLVD  
FERN PARK, FL 32730 US

**New Mailing Address:**

FEI Number: 59-1304471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AGC CO.  
200 S. ORANGE AVE  
STE 2300  
ORLANDO, FL 32804 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: S ( ) Delete  
Name: TIZZIO, TONY  
Address: 809 OSCEOLA TRAIL  
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete  
Name: GREGORY, LINDA  
Address: 130 GARFIELD RD  
City-St-Zip: ENTERPIRSE, FL 32725

Title: VP ( ) Delete  
Name: TERAMAE, GARY  
Address: 9405 S HWY 17-92  
City-St-Zip: MAITLAND, FL 32751

Title: TD ( ) Delete  
Name: REICHERT, JOHN  
Address: 400 E. LAKE MARY BLVD  
City-St-Zip: SANFORD, FL 32773

Title: D ( ) Delete  
Name: NEWSOME, WES  
Address: 545 SUNRISE DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: O ( ) Delete  
Name: DRISKELL, DEBBIE  
Address: 251 FAWSETT ROAD WEST  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: REICHERT, JOHN  
Address: 400 E. LAKE MARY BLVD  
City-St-Zip: SANFORD, FL 32773

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: SEMBER, JOHN  
Address: 1239 WOODRIDGE COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEBBIE DRISKELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

O

03/29/2007

\_\_\_\_\_  
Date