

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755368

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** SOUTH COUNTY FOUNDATION FOR MENTAL HEALTH, INC.

**Current Principal Place of Business:**

16158 S. MILITARY TRIAL  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16158 S. MILITARY TRIAL  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**FEI Number:** 59-2150950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPEICHER, JOSEPH S DPA  
16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 334843501 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: MR. ( ) Delete  
Name: BEHRMAN, FRANK PRESIDE  
Address: 13650 WHIPPET WAY W.  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MR. ( ) Delete  
Name: RUBIN, KENNETH VP  
Address: 695 ENFIELD COURT  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MR. ( ) Delete  
Name: ORGEL, SEYMOUR TREAS  
Address: 13647 WHIPPET WAY WEST  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: CHIE ( ) Delete  
Name: SCHROEDER, LARRY SECRETA  
Address: 300 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: MRS. ( ) Delete  
Name: KASERMAN, ADELE PAST PR  
Address: 5420 VIBURNUM CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MRS. ( ) Delete  
Name: HARRIS, JEAN  
Address: 875 E. CAMINO REAL #9B  
City-St-Zip: BOCA RATON, FL 33432 US

**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: ( ) 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: INGRID MASON

MS.

04/23/2007

Electronic Signature of Signing Officer or Director

Date