

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 755368

**FILED**  
**Mar 09, 2012**  
**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 (X)**

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

SPEICHER, JOSEPH S DPA  
16158 S. MILITARY TRAIL  
DELRAY BEACH, FL 33484 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.  
**Name:** KENNETH, RUBIN PAST PR  
**Address:** 695 ENFIELD COURT  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** MR.  
**Name:** ORGEL, SEYMOUR PRES  
**Address:** 13647 WHIPPET WAY WEST  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** MR.  
**Name:** BROOKS, LORENZO  
**Address:** 6304 INDIAN WELLS BLVD.  
**City-St-Zip:** BOYNTON BEACH, FL 33437 US

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

**Title:** MRS.  
**Name:** KASERMAN, ADELE  
**Address:** 5420 VIBURNUM CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33484 US

**Title:** MR  
**Name:** SCHULBAUM, ROBERT TREAS  
**Address:** 15474 FIORENZA CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

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:** SEYMOUR ORGEL

PRES

03/09/2012

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

\_\_\_\_\_  
Date