#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 728856** 

Entity Name: SOUTH COUNTY MENTAL HEALTH CENTER, INC.

**FILED** Feb 09, 2024 **Secretary of State** 3133057001CC

## **Current Principal Place of Business:**

16158 S. MILITARY TRAIL DELRAY BEACH. FL 33484-3501

#### **Current Mailing Address:**

16158 S. MILITARY TRAIL DELRAY BEACH, FL 33484

FEI Number: 59-1519622 Certificate of Status Desired: Yes

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

SPEICHER, JOSEPH S CEO 16158 S. MILITARY TRAIL DELRAY BEACH, FL 33484-3501 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: JOSEPH S. SPEICHER 02/09/2024

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title **BOARD MEMBER** Title IMMEDIATE PAST PRESIDENT

WHIGHAM, GLADYS RUBIN, KEN Name Name

12299 PLEASANT GREEN 695 ENFIELD COURT Address Address

DELRAY BEACH FL 33444 **BOYNTON BEACH FL 33437** City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **PRESIDENT** 

Name BROOKS, LORENZNO Name VINIKOOR, LORI Address 6304 INDIAN WELLS BLVD Address 10626 LA REINA ROAD BOYNTON BEACH FL 33437 City-State-Zip: City-State-Zip: DELRAY BEACH FL 33446

Title **BOARD MEMBER** Title **BOARD MEMBER** 

Name MASON, INGRID Name MOSCHETTE, MICHAEL

Address 147 SW 24TH AVENUE 300 WEST ATLANTIC AVENUE Address

City-State-Zip: BOYNTON BEACH FL 33435 DELRAY BEACH FL 33444 City-State-Zip:

Title **TREASURER** Title **BOARD MEMBER** Name BLAIR, SHAWNE BAACH, LORI JO Name 920 ROBERTS ROAD Address 7711 THORNLEE DRIVE Address City-State-Zip: DELRAY BEACH FL 33423 City-State-Zip: LAKEWORTH FL 33467

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: JOSEPH S SPEICHER

Electronic Signature of Signing Officer/Director Detail

02/09/2024 **EXECUTIVE ASSISTANT** 

# Officer/Director Detail Continued:

Title BOARD MEMBER Title CEO

Name BRAMS, DAVID Name SPEICHER, JOSEPH STEPHEN

Address 1700 UPLAND ROAD Address 16158 S. MILITARY TRAIL

City-State-Zip: WEST PALM BEACH FL 33409 City-State-Zip: DELRAY BEACH FL 33484-3501