2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# F06000005830

Entity Name: INNOVATIVE BEHAVIORAL SERVICES, INC.

Current Principal Place of Business:

357 TOWNE CENTER BLVD.
#100
RIDSGELAND, MS 39157

New Principal Place of Business:

Current Mailing Address:

357 TOWNE CENTER BLVD.
#100
RIDSGELAND, MS 39157

New Mailing Address:

FEI Number: 20-3762866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAIGE, TQINATA D
7813 SILVERBRUSH CIRCLE #102
ORLANDO, FL 32822 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:	D	( ) Delete
Name:	CREEL, DAVID	
Address:	1 DOGWOOD HILL DRIVE	
City-St-Zip:	JACKSON, MS 39211	
Title:	D	( ) Delete
Name:	JAMES, LAVERNA MS	
Address:	1214 FERNCREST DRIVE	
City-St-Zip:	JACKSON, MS 39211	
Title:	P	( ) Delete
Name:	WARD, PAMELA	
Address:	6227 MOSSLINE	
City-St-Zip:	JACKSON, MS 39211	
Title:	T	( ) Delete
Name:	WARD, DEWAYNE	
Address:	6227 MOSSLINE	
City-St-Zip:	JACKSON, MS 39211	
Title:	V	( ) Delete
Name:	GREER, SHANNON	
Address:	10809 HIGHEWAY 432	
City-St-Zip:	PICKENS, MS 39146	
Title:	S	( ) Delete
Name:	ASHFORD, CLAY	
Address:	7457 COUNTY ROAD 436	
City-St-Zip:	WATER VALLEY, MS 38965	

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 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: PAMELA WARD P 02/26/2009

Electronic Signature of Signing Officer or Director — Date