

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002774

1. Entity Name
BEHAVIORAL CHOICES, INC.



Principal Place of Business
**39 THIRD ST SW
SUITE 202
WINTER HAVEN, FL 33880**

Mailing Address
**39 THIRD ST SW
SUITE 202
WINTER HAVEN, FL 33880**



02192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3446463

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOODWILL, RAYMOND A
107 AVENUE A, NW
WINTER HAVEN, FL 33881**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

000000463766
03/27/06-80014-005 70.00

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	COBO
NAME	SNYDER, PHILLIP W
STREET ADDRESS	426 TIMBERLAND WEST
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VP/D
NAME	COOK, PATRICIA
STREET ADDRESS	3815 WOODBURN LOOP
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	STD
NAME	CARR, VIRGIL
STREET ADDRESS	4987 PLEASANT HOLLOW TRAIL
CITY-ST-ZIP	LAKELAND, FL 338111586
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Virgil Carr Virgil Carr 3-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #