

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002774

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: BEHAVIORAL CHOICES, INC.

## Current Principal Place of Business:

39 THIRD ST SW  
SUITE 202  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

39 THIRD ST SW  
SUITE 202  
WINTER HAVEN, FL 33880

## New Mailing Address:

FEI Number: 59-3446463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOODWILL, RAYMOND A  
107 AVENUE A, NW  
WINTER HAVEN, FL 33881      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: COBD      ( ) Delete  
Name: SNYDER, PHILLIP W  
Address: 428 TIMBERLAND WEST  
City-St-Zip: LAKELAND, FL 33801

Title: VP/D      ( ) Delete  
Name: COOK, PATRICIA  
Address: 3815 WOODBURN LOOP  
City-St-Zip: LAKELAND, FL 33813

Title: STD      ( ) Delete  
Name: CARR, VIRGIL  
Address: 4987 PLEASANT HOLLOW TRAIL  
City-St-Zip: LAKELAND, FL 338111586

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP/D      (X) Change ( ) Addition  
Name: CLANTON, KEITH  
Address: 4922 DENISE AVENUE  
City-St-Zip: LAKELAND, FL 33813

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: VIRGIL CARR

STD

03/27/2007

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

\_\_\_\_\_  
Date