

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005830

**FILED**  
**Apr 10, 2018**  
**Secretary of State**  
**CC4505030256**

**Entity Name:** INNOVATIVE BEHAVIORAL SERVICES, INC.

**Current Principal Place of Business:**

357 TOWNE CENTER BLVD.  
#100  
RIDGELAND, MS 39157

**Current Mailing Address:**

357 TOWNE CENTER BLVD.  
#100  
RIDGELAND, MS 39157 US

**FEI Number:** 20-3762866

**Certificate of Status Desired:** No

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

HARMON, GWENDOLYN  
190 112TH AVENUE NORTH  
#1601  
ST. PETERSBURG, FL 33716 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:** GWENDOLYN HARMON

04/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title COO  
Name MCGILL, DOROTHY J  
Address 4542 VILLAGE DRIVE  
City-State-Zip: JACKSON MS 39206

Title D  
Name JAMES, LAVERNA MS  
Address 1214 FERNCREST DRIVE  
City-State-Zip: JACKSON MS 39211

Title P  
Name WARD, PAMELA  
Address 6227 MOSSLINE  
City-State-Zip: JACKSON MS 39211

Title TREASURER  
Name GILMORE-DUNN, MARY FRANCIS  
Address 335 SOUTHBROOK DRIVE  
City-State-Zip: JACKSON MS 39211

Title V  
Name WOODBERRY, DEXTER  
Address P. O. BOX 684  
City-State-Zip: HAZLEHURST MS 39083

Title S  
Name ASHFORD, CLAY  
Address 7457 COUNTY ROAD 436  
City-State-Zip: WATER VALLEY MS 38965

*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:** DOROTHY J MCGILL

COO

04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date