
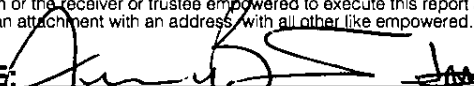


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 764655		
1. Entity Name OPPORTUNITY, INC. OF PALM BEACH COUNTY		
Principal Place of Business 1713 QUAIL DR. WEST PALM BEACH, FL 33409 US		Mailing Address 1713 QUAIL DR. WEST PALM BEACH, FL 33409 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAASS, ROBB R. 340 ROYAL POINOIANA WAY STE 321 P.O. BOX 431 PALM BEACH, FL 33480-0431		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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000792818 01/24/08-80024-009 70.00
TITLE	VPD	DO NOT WRITE IN THIS SPACE
NAME	FOX, R. TERRY	
STREET ADDRESS	777 S. FLAGLER DR SUITE 140E	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VPD	
NAME	KINO, DORA	
STREET ADDRESS	5000 S DIXIE HIGHWAY	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	S	
NAME	ROSENBERG, NAOMI	
STREET ADDRESS	525 S. FLAGLER DRIVE APT 25A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VPD	DO NOT WRITE IN THIS SPACE
NAME	SHIRREFFS, WAVERLY	
STREET ADDRESS	200 POTTER ROAD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE	P	
NAME	BALLENTINE, JAMES M	
STREET ADDRESS	249 VIA LINDA	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	T	
NAME	HARRIS, JONATHAN	
STREET ADDRESS	450 ROYAL PALM WAY-3RD FL.	
CITY-ST-ZIP	PALM BEACH, FL 33480	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES BALLENTINE		



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0624429	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required