


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # G83097**  
 1. Entity Name  
**BEGINNINGS OF PALM BEACH COUNTY INCORPORATED**



Principal Place of Business      Mailing Address  
**4765 LANTANA RD.**                      **4765 LANTANA RD.**  
**LAKE WORTH, FL 33463-6911**              **LAKE WORTH, FL 33463-6911**

**DO NOT WRITE IN THIS SPACE**



07172007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2412927</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**  
**THORNTON, DONA D**  
**7076 BOBALINK COURT**  
**LAKE WORTH, FL 33467**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE: P  
 NAME: RINKER, R. LEIGHAN  
 STREET ADDRESS: 558 MUIRFIELD DRIVE  
 CITY-ST-ZIP: ATLANTIS, FL

TITLE: V  
 NAME: ADKINS, MARTHA  
 STREET ADDRESS: 1530 39TH STREET  
 CITY-ST-ZIP: WEST PALM BEACH, FL 33407

TITLE: ST  
 NAME: THORNTON, DONA  
 STREET ADDRESS: 7076 BOBALINK COURT  
 CITY-ST-ZIP: LAKE WORTH, FL

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

U00000769876  
 07/20/07-80009-013 558.75

**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 607, 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]*      Date: 7/18/07      Daytime Phone #: 561-969-3540  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR