


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 59-2412927	Applied For Not Applicable
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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 NAME STREET ADDRESS CITY-ST-ZIP	P RINKER, R. LEIGHAN 558 MUIRFIELD DRIVE ATLANTIS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADKINS, MARTHA 1530 39TH STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THORNTON, DONA 7076 BOBALINK COURT LAKE WORTH, FL
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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