FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY 1 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747634 (4)

1. Corporation Name
The Tenth Commandment Inc.
NON-PROFIT ORGANIZATION

Principal Place of Business
5300 Washington Street Bldg F 214
Hollywood, Fla 33023

Mailing Address
5300 Washington Street Bldg F 214
Hollywood, fla 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 6/14/1979
3a. Date of Last Report: 3/27/94
4. FEI Number: 65-0312391
Applied For ☐ Not Applicable

2. Principal Place of Business 21: Same as above
2a. Mailing Address 26:

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

City & State 23:
City & State 28:

Zip 24: Country 25:
Zip 29: Country 30:

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution N/A ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent
Uptgrow, Emmaline
5300 Washington Street
Bldg F 214
Hollywood Fla 33023

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
900001474939
63 -05/04/95--01010--011
*****61.25 *****61.25
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Reverend Emmaline Uptgrow — 3/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE P	☐ Change ☐ Addition
NAME	Uptgrow, Emmaline	12 NAME	Uptgrow, Emmaline
STREET ADDRESS	5300 Washington Street Bldg F	13 STREET ADDRESS	5300 Washington Street Bldg F
CITY-ST-ZIP	214 Hollywood, Fla 33023	14 CITY-ST-ZIP	214 Hollywood, Fla 33023
TITLE	T	21 TITLE T	☐ Change ☐ Addition
NAME	Uptgrow, Maxine	22 NAME	Daley, Maxine
STREET ADDRESS	3733 S.W. 59 Terrace	23 STREET ADDRESS	1306 Silverado
CITY-ST-ZIP	Davie, Fla 33314	24 CITY-ST-ZIP	North Lauderdale Fla 33068
TITLE	D/S	31 TITLE D/S	☑ Change ☐ Addition
NAME	Benjamin, Robin	32 NAME	Benjamin, Robin
STREET ADDRESS	20236 S.W. 124th Place	33 STREET ADDRESS	20236 S.W. 124th Place
CITY-ST-ZIP	Miami, Fla 33177	34 CITY-ST-ZIP	Miami, Fla 33
TITLE	D	41 TITLE MD	MD. - (M.D.) ☐ Change ☐ Addition
NAME	Uptgrow, Elaine	42 NAME	Grant Elaine
STREET ADDRESS	790 N.E. 136 Street	43 STREET ADDRESS	20233 S.W. 124 Place
CITY-ST-ZIP	Miami Fla 33161	44 CITY-ST-ZIP	Miami Fla 33177
TITLE	V	51 TITLE V	☐ Change ☑ Addition
NAME	Uptgrow, Oscar	52 NAME	Uptgrow, Oscar
STREET ADDRESS	5300 Washington Street	53 STREET ADDRESS	5300 Washington Street Bldg F
CITY-ST-ZIP	Bldg F 214, Hollywood, Fla 33023	54 CITY-ST-ZIP	Hollywood, Fla 33023
TITLE	D	61 TITLE D	☑ Change ☐ Addition
NAME	Ford, Salena	62 NAME	Ford, Salena
STREET ADDRESS	3733 S.W. 59 Terrace	63 STREET ADDRESS	1306 Silverado
CITY-ST-ZIP	Davie, Fla 33068	64 CITY-ST-ZIP	North Lauderdale, Fla 33068 RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Maxine Daley Maxine Daley 3/27/95 305 971-8057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #