

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 747634 (4)

1. Corporation Name

THE TENTH COMMANDMENT, INC.

Principal Place of Business

**5300 WASHINGTON STREET
SUITE F 214
HOLLYWOOD FL 33023-4474**

Mailing Address

**5300 WASHINGTON STREET
SUITE F 214
HOLLYWOOD FL 33023-4474**



3. Date Incorporated or Qualified

06/14/1979

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1940452

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UPTGROW, EMMALINE
5300 WASHINGTON STREET
HOLLYWOOD FL 33023**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date applied.

(NOTE: Registered Agent Signature Required with Consent Page)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**PD
UPTGROW, EMMALINE
5300 WASHINGTON ST
HOLLYWOOD FL 33023**

TITLE NAME ☐ DELETE

**TD
DALEY MAXINE
1306 SILVERDO
NORTH LAUDERDALE FL 33068**

TITLE NAME ☐ DELETE

**D
GRANT ELANE
20236 SW 124TH PLACE
MIAMI FL**

TITLE NAME ☐ DELETE

**D
BENJAMIN, ROBIN
20236 SW 124TH PLACE
MIAMI FL**

TITLE NAME ☐ DELETE

**D
FORD, SALENA
3732 SW 59 TERRACE
MIAMI FL**

TITLE NAME ☐ DELETE

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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:

Elaine Grant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96
DATE

305-238-2513
Daytime Phone #

CR2E037 (12/95)