

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 747034
1. Corporation Name
The Tenth Commandment, Inc.

FILED

97 OCT 22 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5300 Washington Street 5300 Washington St
Suite F #214 Suite F #214
Hollywood, FL 33023-4474 Hollywood, FL 33023-4474

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
6/14/1979
4. FEI Number Applied For
59-1940452 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution ☐ Added to Fees
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
Hollywood, Florida 33023

10. Name and Address of New Registered Agent
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD Uptgrow, Emmaline
5300 Washington Street
Hollywood, FL 33023
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD Daley, Maxine
1306 Silverado
North Lauderdale, FL 33068
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Grant, Elaine
20236 S.W. 124 Place
Miami, FL 33177
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Benjamin, Robin
20236 S.W. 124 Place
Miami, FL 33177
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Ford, Salena
3732 S.W. 59 Terrace
Miami, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

Elaine Grant, Elaine Grant

9/16/97

305-628-1424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)