


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 747634	
1. Entity 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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UPTGROW, EMMALINE 5300 WASHINGTON ST HOLLYWOOD, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, ELAINE 2817 CRESENT PLACE MIRAMAR, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, ROBIN 20236 SW 124TH PLACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, SALENA 3732 SW 59 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRANT, ELAINE 2817 CRESCENT PLACE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENJAMIN, MARTEENA 20236 SW 124 PLACE MIAMI, FL 33177

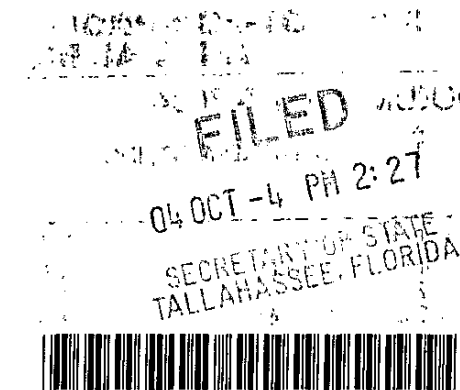
DO NOT WRITE IN THIS SPACE

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10/06/04--01030--011 **61.25

12. I 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 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 617, 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: Elaine Grant, Elaine Grant, Director/Treasurer 954-665-9743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____



09302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1940452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required