

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747634

FILED
Sep 05, 2007
Secretary of State

Entity Name: THE TENTH COMMANDMENT, INC.

Current Principal Place of Business:

5300 WASHINGTON STREET
SUITE F 214
HOLLYWOOD, FL 330234474

New Principal Place of Business:

Current Mailing Address:

5300 WASHINGTON STREET
SUITE F 214
HOLLYWOOD, FL 330234474

New Mailing Address:

FEI Number: 59-1940452 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UPTGROW, EMMALINE
5300 WASHINGTON STREET
HOLLYWOOD, FL 33023 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: UPTGROW, EMMALINE
Address: 5300 WASHINGTON ST
City-St-Zip: HOLLYWOOD, FL 33023

Title: D () Delete
Name: GRANT, ELAINE
Address: 12440 SW 202 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: BENJAMIN, ROBIN
Address: 20236 SW 124TH PLACE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: FORD, SALENA
Address: 3732 SW 59 TERRACE
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: GRANT, ELAINE
Address: 2817 CRESCENT PLACE
City-St-Zip: MIRAMAR, FL 33025

Title: S () Delete
Name: BENJAMIN, MARTEENA
Address: 20236 SW 124 PLACE
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRANT, ELAINE
Address: 20227 S.W. 124 CT.
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: GRANT, ELAINE
Address: 20227 S.W. 124 CT.
City-St-Zip: MIAMI, FL 33177

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN BENJAMIN

D

09/05/2007

Electronic Signature of Signing Officer or Director

Date