

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747634

FILED  
Sep 17, 2009  
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: 20227 S.W. 124 CT.  
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: 20227 S.W. 124 CT.  
City-St-Zip: MIAMI, FL 33177

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

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

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

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

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: ELAINE GRANT

D

09/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date