

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747634

FILED  
May 01, 2011  
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 ( )**

**Name and Address of Current Registered Agent:**

GRANT, ELAINE  
20227 SW 124TH COURT  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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  
Name: GRANT, ELAINE  
Address: 20227 SW 124TH COURT  
City-St-Zip: MIAMI, FL 33177

Title: D  
Name: EVANS, MAXINE  
Address: 20227 S.W. 124 CT.  
City-St-Zip: MIAMI, FL 33177

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

Title: D  
Name: FORD, SALENA  
Address: 3732 SW 59 TERRACE  
City-St-Zip: MIAMI, FL 33177

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBIN BENJAMIN

D

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date