


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90028 023 \*\*\*\*61.25

<b>DOCUMENT # N04000011447</b>	
1. Entity Name GREATEST COMMANDMENTS FOUNDATION, INC.	

Principal Place of Business 20851 MYSTIC WAY NORTH FORT MYERS, FL 33917	Mailing Address 20851 MYSTIC WAY NORTH FORT MYERS, FL 33917
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40018754



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1984643	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
STRAUSS, JEROME M 5621 STRAND BLVD 100 NAPLES, FL 34110	

7. Name and Address of New Registered Agent	
Name <u>Strauss, Jerome M</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>9130 Galleria Court, Suite 311</u>	
City <u>Naples</u>	Zip Code <u>FL 34109</u>

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 <u>Jerome M. Strauss</u>	DATE <u>1-31-07</u>
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, LAWRENCE N
STREET ADDRESS	20851 MYSTIC WAY
CITY-STATE-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, PATRICIA M
STREET ADDRESS	20851 MYSTIC WAY
CITY-STATE-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D <input type="checkbox"/> Delete
NAME	STRAUSS, JEROME M
STREET ADDRESS	5150 TAMiami TRAIL N. SUITE 402
CITY-STATE-ZIP	NAPLES, FL 34103
TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, GREGORY W
STREET ADDRESS	4024 CASTLE CREEK
CITY-STATE-ZIP	ROUND ROCK, TX 78681
TITLE	D <input type="checkbox"/> Delete
NAME	LONG, KAREN
STREET ADDRESS	2809 MEADOW AVE
CITY-STATE-ZIP	NORMAN, OK 73072
TITLE	D <input type="checkbox"/> Delete
NAME	CLARK, SANDRA
STREET ADDRESS	4024 CASTLE CREEK
CITY-STATE-ZIP	ROUND ROCK, TX 78681

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Strauss, Jerome M.</u>
STREET ADDRESS	<u>9130 Galleria Court, Suite 311</u>
CITY-STATE-ZIP	<u>Naples, FL 34109</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Jerome M. Strauss</u>	DATE: <u>Feb 13, 2007</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

239-543-4836