

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N17372

1. Entity Name

SILVERTONE SINGING CONVENTION, INCORPORATED



Principal Place of Business

Mailing Address

2260 NW 117TH ST
P.O. BOX 680580
MIAMI FL 33168
US

2260 NW 117TH ST
P.O. BOX 680580
MIAMI FL 33168
US

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

4. FEI Number

65-0030213

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, MAMIE
2260 NW 117TH ST
MIAMI FL 33167

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, MAMIE	
STREET ADDRESS	2260 NW 117TH ST	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, JOHN	
STREET ADDRESS	11402 NW 22ND AVE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WORTHAM, WALTER	
STREET ADDRESS	9050 NW 20TH AVENUE	
CITY-STATE-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, YVONNE	
STREET ADDRESS	9009 NW 21ST AVE	
CITY-STATE-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 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	

000000706918
04/24/07-80053-017 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify 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 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, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAMIE Wilson (president) 4-11-07 (305)