

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2008 8:00 am**  
**Secretary of State**

04-01-2008 90008 016 \*\*\*\*70.00

**DOCUMENT # N17372**

1. Entity Name

**SILVERTONE SINGING CONVENTION, INCORPORATED**



Principal Place of Business

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

Mailing Address

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

1st MOORE

CR2E037 (10/07)

4. FEI Number  
**65-0030213**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, MAMIE**  
**2260 NW 117TH ST**  
**MIAMI FL 33167**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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  
NAME WILSON, MAMIE  
STREET ADDRESS 2260 NW 117TH ST  
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE VD  
NAME WILSON, JOHN  
STREET ADDRESS 11402 NW 22ND AVE  
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE SD  
NAME WORTHAM, WALTER  
STREET ADDRESS 9050 NW 20TH AVENUE  
CITY- ST- ZIP MIAMI FL ☐ Delete

TITLE TD  
NAME WILSON, YVONNE  
STREET ADDRESS 9009 NW 21ST AVE  
CITY- ST- ZIP MIAMI FL 33147 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAMIE WILSON (President)**

**3/25/08**

**687-1218**