

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48241 (6)

1. Corporation Name

ANNE MCKEE ARTISTS FUND, INC.



Principal Place of Business

Mailing Address

**927 SEMINARY STREET
KEY WEST FL 33040
US**

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KEY WEST FL 33040
US**

3. Date Incorporated or Qualified
04/07/1992

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0385389

Applied For

Not Applicable

22

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANKE, LOUI
927 SEMINARY STREET
KEY WEST FL 33040**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DR. LOUI FRANKE**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

23 April 96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DR D / P	<input type="checkbox"/> DELETE
NAME	FRANKE, LOU G DR.	
STREET ADDRESS	927 SEMINARY STREET	
CITY - ST - ZIP	KEY WEST FL	
TITLE	DR D	<input type="checkbox"/> DELETE
NAME	TURNER, ADELINE	
STREET ADDRESS	114 ALLAMANDA	
CITY - ST - ZIP	SUGARLOAF FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, SANDRA	
STREET ADDRESS	FARBUTUS DRIVE	
CITY - ST - ZIP	KEY WEST FL	
TITLE	DR T	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN	
STREET ADDRESS	114 ALLAMANDA	
CITY - ST - ZIP	SUGARLOAF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SCOTT	
STREET ADDRESS	1400 VON PHISTER ST	
CITY - ST - ZIP	KEY WEST FL	
TITLE	D / S	<input type="checkbox"/> DELETE
NAME	VIANA, JOE	
STREET ADDRESS	1523 WASHINGTON ST	
CITY - ST - ZIP	KEY WEST FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM SANCHEZ	
1.3 STREET ADDRESS	1533 7 DOLPHIN ST, E	
1.4 CITY - ST - ZIP	SUGARLOAF 33042	
2.1 TITLE	D / V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIRIAM GOOD	
2.3 STREET ADDRESS	P.O. BOX 148	
2.4 CITY - ST - ZIP	SUGARLOAF 33044	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAUL BROOKES	
3.3 STREET ADDRESS	317 WHITEHEAD ST.	
3.4 CITY - ST - ZIP	KEY WEST 33040	
4.1 TITLE	C / S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MIKE BARSITMAN	
4.3 STREET ADDRESS	430 SOUTH POINT DRIVE	
4.4 CITY - ST - ZIP	SUMMERLAND, 33042	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MICHAEL ZULLO	
5.3 STREET ADDRESS	3301 FLANKER AVENUE	
5.4 CITY - ST - ZIP	KEY WEST, 33040	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STACEY ROUSSEAU	
6.3 STREET ADDRESS	1318 VIRGINIA ST.	
6.4 CITY - ST - ZIP	KEY WEST, 33040	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DR. LOUI FRANKE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 April 96

Date

305-256-2074

Daytime Phone #

CR2E037 (12/95)