

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT



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

FILED

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DOCUMENT # **N48241** (6)

1. Corporation Name

ANNE MCKEE ARTISTS FUND, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
927 SEMINARY STREET 927 SEMINARY STREET
KEY WEST FL 33040 KEY WEST FL 33040
US US

3. Date Incorporated or Qualified
04/07/1992

4. FEI Number Applied For
65-0385389 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a Homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

FRANKE, LOUI
927 SEMINARY STREET
KEY WEST FL 33040
400002674874--5
-10/28/98--01086--001
*******61.25 *****61.25**

10. Name and Address of New Registered Agent

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 Loui Franke, President

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANKE, LOU G DR.	
STREET ADDRESS	927 SEMINARY STREET	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, ADELINE	
STREET ADDRESS	114 ALLAMANDA	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKES, RALF	
STREET ADDRESS	317 WHITEHEAD ST.	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN	
STREET ADDRESS	114 ALLAMANDA	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZULLO, MICHAEL	
STREET ADDRESS	3361 FRAHLER AVENUE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VIANA, JOE	
STREET ADDRESS	1523 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DV Miriam Good
1.3 STREET ADDRESS	2201 1st St #2 Bat Tower Rd
1.4 CITY-ST-ZIP	Sugarloaf FL 33044
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Jon Salem
2.3 STREET ADDRESS	38 Dolphin St
2.4 CITY-ST-ZIP	Sugarloaf FL 33044
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Mrki Garshman
3.3 STREET ADDRESS	430 S. Spant Dr
3.4 CITY-ST-ZIP	Sugarloaf FL 33044
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D David Max Field
4.3 STREET ADDRESS	611 Margaret St
4.4 CITY-ST-ZIP	Key West FL 33044
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jill Zdanow
5.3 STREET ADDRESS	22 Merganser Lane
5.4 CITY-ST-ZIP	Key West FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Beverly Browder
6.3 STREET ADDRESS	17179 Amberjack Lane
6.4 CITY-ST-ZIP	Sugarloaf FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(i), 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: [Signature] SIGNATURE REQUIRED Aug 11, 98 305-745-1092

CR2E037 (10/97)