

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90060 036 ****61.25

DOCUMENT # N48241

1. Entity Name

ANNE MCKEE ARTISTS FUND, INC.

Principal Place of Business

Mailing Address

927 SEMINARY STREET
 KEY WEST FL 33040
 US

927 SEMINARY STREET
 KEY WEST FL 33040-4712
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0385389

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKE, LOUI
927 SEMINARY STREET
KEY WEST FL 33040

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SALEM, JIM	
STREET ADDRESS	38 DOLPHIN ST	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	BF D	<input type="checkbox"/> Delete
NAME	TURNER, JOHN	
STREET ADDRESS	114 ALLAMANDA	
CITY-ST-ZIP	SUGARLOAF FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GOOD, MIRIAM	
STREET ADDRESS	#2 BAT TOWER RD	
CITY-ST-ZIP	SUGARLOAF FL 33044	
TITLE	DS	<input type="checkbox"/> Delete
NAME	IANA, JOE	
STREET ADDRESS	1523 WASHINGTON ST	
CITY-ST-ZIP	KEY WEST FL	

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maxfield, David	
STREET ADDRESS	611 Margaret St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Salinero, Sal	
STREET ADDRESS	506 Catherine St	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Baurr, Mark	
STREET ADDRESS	1017 Fleming	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Buchler, Tom	
STREET ADDRESS	1415 Alberta	
CITY-ST-ZIP	Key West FL 33040	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zdanow, Jill	
STREET ADDRESS	14 Kestral way	
CITY-ST-ZIP	Key West, FL 33040	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John C. Turner, Treasurer May 1 2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date Daytime Phone #

CR2E037 (9/99)