

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N48241

Entity Name: ANNE MCKEE ARTISTS FUND, INC.

Current Principal Place of Business:

927 SEMINARY STREET
KEY WEST, FL 33040 US

New Principal Place of Business:

1506 SOUTH ST.
KEY WEST, FL 33040 US

Current Mailing Address:

927 SEMINARY STREET
KEY WEST, FL 33040 US

New Mailing Address:

1506 SOUTH ST.
KEY WEST, FL 33040 US

FEI Number: 65-0385389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

TAUSCHE, MELISSA
1506 SOUTH ST.
KEY WEST, FL 33040 US

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: MELISSA TAUSCHE 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FRANKE, LOU G DR.
Address: 927 SEMINARY STREET
City-St-Zip: KEY WEST, FL

Title: D () Delete
Name: TURNER, ADELINE
Address: 114 ALLAMANDA
City-St-Zip: SULARLOAF, FL

Title: D () Delete
Name: SALEM, JIM
Address: 38 DOLPHIN ST
City-St-Zip: SUGARLOAF, FL

Title: DT () Delete
Name: LAVENDER, THOMAS L
Address: 3930 S. ROOSEVELT BLVD. APT 410-S
City-St-Zip: KEY WEST, FL 33040

Title: DV () Delete
Name: GOOD, MIRIAM
Address: #2 BAT TOWER RD
City-St-Zip: SUGARLOAF, FL 33044

Title: DS () Delete
Name: VIANA, JOE
Address: 1523 WASHINGTON ST
City-St-Zip: KEY WEST, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TAUSCHE, MELISSA
Address: 1506 SOUTH ST.
City-St-Zip: KEY WEST, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: LAVENDER, THOMAS L
Address: 1622 DENNIS ST.
City-St-Zip: KEY WEST, FL 33040

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS L. LAVENDER DT 04/28/2004
Electronic Signature of Signing Officer or Director Date