

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90117 031 ****61.25

DOCUMENT # N48241

1. Corporation Name

ANNE MCKEE ARTISTS FUND, INC.

Principal Place of Business

927 SEMINARY STREET
KEY WEST FL 33040
US

Mailing Address

927 SEMINARY STREET
KEY WEST FL 33040
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/07/1992

4. FEI Number

65-0385389

Applied For

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

9. Name and Address of Current Registered Agent

FRANKE, LOUI
927 SEMINARY STREET
KEY WEST FL 33040

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

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
NAME FRANKE, LOU G DR.
STREET ADDRESS 927 SEMINARY STREET
CITY-ST-ZIP KEY WEST FL ☐ DELETE

TITLE D
NAME TURNER, ADELINE
STREET ADDRESS 114 ALLAMANDA
CITY-ST-ZIP SUGARLOAF FL ☐ DELETE

TITLE D
NAME BROOKES, RALF
STREET ADDRESS 317 WHITEHEAD ST.
CITY-ST-ZIP KEY WEST FL ☒ DELETE

TITLE DT
NAME TURNER, JOHN
STREET ADDRESS 114 ALLAMANDA
CITY-ST-ZIP SUGARLOAF FL ☐ DELETE

TITLE DV
NAME GOOD, MIRIAM
STREET ADDRESS #2 BAT TOWER RD
CITY-ST-ZIP SUGARLOAF FL 33044 ☐ DELETE

TITLE DS
NAME VIANA, JOE
STREET ADDRESS 1523 WASHINGTON ST
CITY-ST-ZIP KEY WEST FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME Jim Salem
1.3 STREET ADDRESS 38 Dolphin St.
1.4 CITY-ST-ZIP Sugarloaf, FL, 33044 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME David Maxfield
2.3 STREET ADDRESS 611 Margaret St.
2.4 CITY-ST-ZIP Key West FL, 33040 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME Tom Buchler
3.3 STREET ADDRESS 1415 Alberta St.
3.4 CITY-ST-ZIP Key West FL, 33040 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Dan Weathers
4.3 STREET ADDRESS 2808 Staples Dr.
4.4 CITY-ST-ZIP Key West, FL 33040 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME Sal Salinero
5.3 STREET ADDRESS 506 Catherine St
5.4 CITY-ST-ZIP Key West, FL 33040 ☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME Beverly Browder
6.3 STREET ADDRESS 17179 Amberjack Ln
6.4 CITY-ST-ZIP Sugarloaf, FL 33044 ☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

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