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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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

2a. Mailing Address

3. Date incorporated or Qualified

04/07/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0385389

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

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

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

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

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

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

6.1 TITLE  DELETE  
6.2 NAME D 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:

*John C. Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Turner, Treasurer Apr 27, 1999 745-1042  
Date Daytime Phone #

CR2E037 (11/98)