2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
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:

Current Mailing Address:

927 SEMINARY STREET
KEY WEST, FL 33040 US

New Mailing Address:

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:

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: _____

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:	3655 SEASIDE DR. # 330	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 05/01/2002

Electronic Signature of Signing Officer or Director — Date