## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48241

FILED Apr 29, 2005 Secretary of State

Entity Name: ANNE MCKEE ARTISTS FUND, INC.

Current Principal Place of Business:

New Principal Place of Business:

1506 SOUTH ST.

KEY WEST, FL 33040 US

Current Mailing Address: 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 (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

US

Cleater in Circumstance of Devictor and Amount

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D () Delete Title: D (X) Change () Addition Name: TURNER, ADELINE Name: SACHS, ALBERT

Address: 114 ALLAMANDA Address: 269 GOLF CLUB DR
City-St-Zip: SULARLOAF, FL City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete Title: DV (X) Change ( ) Addition

 Name:
 SALEM, JIM
 Name:
 CURTIS, LIBBY

 Address:
 38 DOLPHIN ST
 Address:
 3446 RIVIERA DR

 City-St-Zip:
 SUGARLOAF, FL
 City-St-Zip:
 KEY WEST, FL
 33040

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 LAVENDER, THOMAS L
 Name:
 MILLER CAREY, G. JOAN

 Address:
 1622 DENNIS ST.
 Address:
 19509 TEQUESTA ST

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 SUMMERLAND KEY, FL 33042

Title: DV ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 GOOD, MIRIAM
 Name:
 GOOD, MIRIAM

 Address:
 #2 BAT TOWER RD
 Address:
 #2 BAT TOWER RD

 City-St-Zip:
 SUGARLOAF, FL 33044
 City-St-Zip:
 SUGARLOAF, FL 33044

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 VIANA, JOE
 Name:
 JONES, NANCY

 Address:
 1523 WASHINGTON ST
 Address:
 1125 VON PHISTER ST

 City-St-Zip:
 KEY WEST, FL
 City-St-Zip:
 KEY WEST, FL
 33040

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: G. JOAN MILLER CAREY DT 04/29/2005