2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2007
Secretary of State

DOCUMENT# N48241

Entity Name: ANNE MCKEE ARTISTS FUND, INC.

Current Principal Place of Business:

1506 SOUTH ST.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

1506 SOUTH ST.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 65-0385389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TAUSCHE, MELISSA
1506 SOUTH ST.
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: TAUSCHE, MELISSA
Address: 1506 SOUTH ST.
City-St-Zip: KEY WEST, FL

Title: D ( ) Delete
Name: SACHS, ALBERT
Address: 269 GOLF CLUB DR
City-St-Zip: KEY WEST, FL 33040

Title: DV ( ) Delete
Name: CURTIS, LIBBY
Address: 3446 RIVIERA DR
City-St-Zip: KEY WEST, FL 33040

Title: DT ( ) Delete
Name: MILLER CAREY, G. JOAN
Address: 19509 TEQUESTA ST
City-St-Zip: SUMMERLAND KEY, FL 33042

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

Title: DS ( ) Delete
Name: JONES, NANCY
Address: 1125 VON PHISTER ST
City-St-Zip: KEY WEST, FL 33040

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 exemption stated in Chapter 119, 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 05/05/2007

Electronic Signature of Signing Officer or Director — Date