

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48241

FILED
Apr 27, 2003
Secretary of State

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: DT (X) Change () Addition
Name: LAVENDER, THOMAS L
Address: 3930 S. ROOSEVELT BLVD. APT 410-S
City-St-Zip: KEY WEST, FL 33040

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

04/27/2003

Electronic Signature of Signing Officer or Director

Date