


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90106 012 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 762902</b>					
1. Corporation Name <b>MILWAUKEE GROVE HOUSE, INC.</b>					
Principal Place of Business 753 SCOTLAND ST DUNEDIN FL 34698			Mailing Address 753 SCOTLAND ST DUNEDIN FL 34698		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/16/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2186798	
24		25		29	
26		27		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HOUGHTON, ERIC A. 1515 BAYSHORE BLVD #28 DUNEDIN FL 34698				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIVISTO, MARY			1.2 NAME	Kivisto, Mary		
STREET ADDRESS	3209 PARKWAY PL			1.3 STREET ADDRESS	5 Gateshead Dr., #119		
CITY-ST-ZIP	PALM HARBOR FL			1.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIVISTO, DONALD			2.2 NAME	Kivisto, Donald		
STREET ADDRESS	3209 PARKWAY PL			2.3 STREET ADDRESS	5 Gateshead Dr., #119		
CITY-ST-ZIP	PALM HARBOR FL			2.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	AKULA, Jean	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COKER, JANIS			3.2 NAME	AKULA, Jean		
STREET ADDRESS	234 THIRD AVENUE N.			3.3 STREET ADDRESS	1408 Millstream Lane, #106		
CITY-ST-ZIP	SAFETY HARBOR FL			3.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VETTER, PASTOR GENE			4.2 NAME	Allen, Nancy		
STREET ADDRESS	7826 TENBY COURT			4.3 STREET ADDRESS	931 Cedarwood Dr.		
CITY-ST-ZIP	NEW PORT RICHEY FL			4.4 CITY-ST-ZIP	Dunedin, FL 34698		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	DS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VETTER, DIANE			5.2 NAME	Rosenbaum, Diane		
STREET ADDRESS	7826 TENBY CT.			5.3 STREET ADDRESS	3014 Red Oak Ct., #203		
CITY-ST-ZIP	NEW PORT RICHEY FL			5.4 CITY-ST-ZIP	Palm Harbor, FL 34684		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TREBESCH, ANNEMY			6.2 NAME			
STREET ADDRESS	590 HICKORYNUT AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	OLDSMAR FL			6.4 CITY-ST-ZIP			

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: Annemy Trebesch DATE: 1/29/99 DAYTIME PHONE: 727-791-7730 X101

CR2E037 (11/98)