

WARNING NOTICE: CORPORATION SHALL BE DISSOLVED ON OR AFTER ABOUT 6:00 PM, ANYTIME ONE OR MORE DAYS AFTER THE ABOVE AMOUNT DUE TO IMMEDIATE FEES.

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:25

DOCUMENT # N48617 (7)
1. Corporation Name
LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.

Principal Place of Business Mailing Address
451 OLYMPUS DR. JUNO BEACH FL 33408-2309 **25802 PRAIRIESTONE DR. LAGUNA HILLS CA 92653**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/29/1992	3a. Date of Last Report 01/28/1994
4. FEI Number 65-0352349	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent JUCENAS, BRONE M. 451 OLYMPUS DRIVE JUNO BEACH FL 33408	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City FL 85 Zip Code

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (R/ITE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCENAS, BRONE M.	12 NAME	
STREET ADDRESS	451 OLYMPUS DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL	14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	21 TITLE	
NAME	AVIZONIS, LIUDA V.	22 NAME	
STREET ADDRESS	25802 PRAIRIESTONE DR.	23 STREET ADDRESS	
CITY - ST - ZIP	LAGUNA HILLS CA	24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	31 TITLE	
NAME	AVIZONIS, PETRAS V.	32 NAME	
STREET ADDRESS	25802 PRAIRIESTONE DR.	33 STREET ADDRESS	
CITY - ST - ZIP	LAGUNA HILLS CA	34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	41 TITLE	
NAME	LIAUKUS, MILDA E.	42 NAME	
STREET ADDRESS	21 BROWNSON DR.	43 STREET ADDRESS	
CITY - ST - ZIP	SHELTON CT	44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	51 TITLE	
NAME	LIAUKUS, SIGTAS	52 NAME	
STREET ADDRESS	21 BROWNSON DR.	53 STREET ADDRESS	
CITY - ST - ZIP	SHELTON CT	54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	61 TITLE	
NAME	MCCOMAS, GREGORY B M.D.	62 NAME	
STREET ADDRESS	6576 CANYON COVE PR.	63 STREET ADDRESS	
CITY - ST - ZIP	SALT LAKE CITY UT	64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: Liuda V. Avizonis, v.p. Liuda V. Avizonis June 14, 1995 714-362-1472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E037 (3/95)