


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State

05-20-2004 90007 010 ****61.25

| | | | | | |
|---|----------------------------|--|---|---|-----------------------------------|
| DOCUMENT # N48617 | | | |  | |
| 1. Entity Name LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC. | | | | | |
| Principal Place of Business 1933 RIDGE ROAD NORTH PALM BEACH, FL 33408 | | | Mailing Address 25802 PRAIRIESTONE DR LAGUNA HILLS, CA 92653 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| AVIZONIS, LIUDA 1933 RIDGE ROAD NORTH PALM BEACH, FL 33408 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL | Zip Code |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | Make check payable to Florida Department of State | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | JUCENAS, BRONE M. | | NAME | | |
| STREET ADDRESS | 1933 RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AVIZONIS, LIUDA V. | | NAME | | |
| STREET ADDRESS | 25802 PRAIRIESTONE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAGUNA HILLS, CA | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | AVIZONIS, PETRAS V. | | NAME | | |
| STREET ADDRESS | 25802 PRAIRIESTONE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LAGUNA HILLS, CA | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LIAUKUS, MILDA E. | | NAME | | |
| STREET ADDRESS | 21 BROWNSON DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SHELTON, CT | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LIAUKUS, SIGITAS | | NAME | | |
| STREET ADDRESS | 21 BROWNSON DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SHELTON, CT | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MCCOMAS, GREGORY B M.D. | | NAME | | |
| STREET ADDRESS | 6578 CANYON COVE PR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SALT LAKE CITY, UT | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Liuda V. Avizonis</u> | | | Date: <u>5/15/04</u> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |