


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 010 ****61.25

DOCUMENT # N48617					
1. Entity Name LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.					
Principal Place of Business 1919 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	4. FEI Number 65-0352349	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	1919 Ridge Rd.	
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>		Liuda V. Avizonis		4/22/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				949-362-1472	
				Date Daytime Phone #	