

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48617

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.

**Current Principal Place of Business:**

1919 RIDGE ROAD  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

1933 RIDGE ROAD  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

25802 PRAIRIESTONE DR  
LAGUNA HILLS, CA 92653 US

**New Mailing Address:**

**FEI Number:** 65-0352349      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AVIZONIS, LIUDA  
1933 RIDGE ROAD  
NORTH PALM BEACH, FL 33408 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: P ( ) Delete  
Name: AVIZONIS, LIUDA V.,  
Address: 25802 PRAIRIESTONE DR.  
City-St-Zip: LAGUNA HILLS, CA

Title: D ( ) Delete  
Name: AVIZONIS, PETRAS V.,  
Address: 25802 PRAIRIESTONE DR.  
City-St-Zip: LAGUNA HILLS, CA

Title: D ( ) Delete  
Name: LIAUKUS, MILD A.,  
Address: 21 BROWNSON DR.  
City-St-Zip: SHELTON, CT

Title: D ( ) Delete  
Name: LIAUKUS, SIGITAS,  
Address: 21 BROWNSON DR.  
City-St-Zip: SHELTON, CT

Title: D ( ) Delete  
Name: MCCOMAS, GREGORY B M.D.  
Address: 6578 CANYON COVE PR.  
City-St-Zip: SALT LAKE CITY, UT

**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: ( ) 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 exemption stated in Chapter 119, 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: LIUDA V. AVIZONIS

PRES

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date