

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48617

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC8987349368**

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

**Current Principal Place of Business:**

7216 RIDGE WAY  
PARK CITY, UT 84098

**Current Mailing Address:**

7216 RIDGE WAY  
PARK CITY, UT 84098

**FEI Number: 65-0352349**

**Certificate of Status Desired: No**

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

AVIZONIS, LIUDA  
1933 RIDGE ROAD  
NORTH PALM BEACH, FL 33408 US

*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

**Officer/Director Detail :**

Title            PRES  
Name            AVIZONIS, LIUDA V.  
Address        7216 RIDGE WAY  
City-State-Zip: PARK CITY UT 84098

Title            D  
Name            AVIZONIS, PETRAS V  
Address        7216 RIDGE WAY  
City-State-Zip: PARK CITY UT 84098

Title            D  
Name            AVIZONIS, PETRAS V JR.  
Address        6 ANDERSON DR.  
City-State-Zip: HINGHAM MA 02043

Title            D  
Name            AVIZONIS, VILIIJA  
Address        6578 CANYON COVE PL.  
City-State-Zip: SALT LAKE CITY UT 84121

Title            D  
Name            MCCOMAS, GREGORY BM.D.  
Address        6578 CANYON COVE PL.  
City-State-Zip: SALT LAKE CITY UT 84121

Title            D  
Name            STELLWAGEN, DAINA A  
Address        4295 AVENUE DE HAMPTON  
City-State-Zip: MONTREAL H3X 3-PA

*I hereby 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 all other like empowered.*

**SIGNATURE: LIUDA VIOLETA AVIZONIS**

**PRES**

**01/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date