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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48617 (7)

1. Corporation Name
LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.



Principal Place of Business 451 OLYMPUS DR. JUNO BEACH FL 33408-2309	Mailing Address 25802 PRAIRIESTONE DR. LAGUNA HILLS CA 92653
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3. Date Incorporated or Qualified 04/29/1992	
4. FEI Number 65-0352349	Applied For <input type="checkbox"/> Not Applicable
6. 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JUCENAS, BRONE M. 451 OLYMPUS DRIVE JUNO BEACH FL 33408		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUCENAS, BRONE M.	1.2 NAME	
STREET ADDRESS	451 OLYMPUS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIZONIS, LIUDA V.	2.2 NAME	
STREET ADDRESS	25802 PRAIRIESTONE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIZONIS, PETRAS V.	3.2 NAME	
STREET ADDRESS	25802 PRAIRIESTONE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAGUNA HILLS CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAUKUS, MILDA E.	4.2 NAME	
STREET ADDRESS	21 BROWNSON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIAUKUS, SIGTAS	5.2 NAME	
STREET ADDRESS	21 BROWNSON DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOMAS, GREGORY B M.D.	6.2 NAME	
STREET ADDRESS	6578 CANYON COVE PR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	6.4 CITY-ST-ZIP	

14. 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 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* *Gregory B. Mccomas* *1/20/98* *214-362-142*

CR2E037 (10/97)