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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48617

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 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/29/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0352349
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
				85	Zip Code
				FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, SIGITAS	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* 3/16/99 949-362-472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)