SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 16 1998 8:00am
Secretary of State

DOCUMENT # 703171 (9)

1. Corporation Name
LITHUANIAN AMERICAN CLUB, INC.

Principal Place of Business	Mailing Address
4880-46TH AVENUE NORTH ST PETERSBURG FL 33714	4880-46TH AVENUE NORTH ST PETERSBURG FL 33714

3. Date Incorporated or Qualified: 11/10/1961

4. FEI Number: 59-0999424 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~KARNIUS, ALBINAS~~ 6927 14TH AVE N ST PETERSBURG FL 33710	81 Name: GUDONIS ANTHONY 82 Street Address (P.O. Box Number is Not Acceptable): 197 LIDO DRIVE 83 84 City: ST. PETE BEACH FL 85 Zip Code: 33706

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: GUDONIS ANTHONY, PREZIDENT — 7.13.98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	~~KARNIUS, ALBINAS~~		1.2 NAME	GUDONIS ANTHONY	
STREET ADDRESS	6927 14TH AVE N		1.3 STREET ADDRESS	197 LIDO DR	
CITY-ST-ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☒ Addition
NAME	~~GUDONIS, ANTHONY~~		2.2 NAME	ANDRIULIS ALDONA	
STREET ADDRESS	197 LIDO DR		2.3 STREET ADDRESS	560-64TH AVE.	
CITY-ST-ZIP	ST PETE BCH FL		2.4 CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JASINSKAS, ALDONA		3.2 NAME		
STREET ADDRESS	5920 80TH ST N		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RASIMAS, PETER		4.2 NAME		
STREET ADDRESS	7912 SAILBOAT KEY BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH PASADENA FL		4.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	~~RAKSTYS, JUOZAS~~		5.2 NAME	BIKNEVICIUS VLADAS	
STREET ADDRESS	11700 68TH AVE. NORTH		5.3 STREET ADDRESS	11162 56TH TERR N.	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	SEMINOLE, FL. 33772	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STRAZNICKAS, VYTAUTAS		6.2 NAME		
STREET ADDRESS	530 73RD AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETE BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (5/98)

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: GUDONIS ANTHONY PRAZIDENT — 7.13.98 — 8.13.98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #