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Secretary of State

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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 # 703171

1. Corporation Name

LITHUANIAN AMERICAN CLUB, INC.
 Principal Place of Business
 4880-46TH AVENUE NORTH
 ST PETERSBURG FL 33714

 Mailing Address
 4880-46TH AVENUE NORTH
 ST PETERSBURG FL 33714

503034 - 90105 - 46



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	11/10/1961
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-0999424
City & State	City & State	5. Certificate of Status Desired
23	28	☐ \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	☐ \$5.00 May Be Added to Fees
Country	Country	30

9. Name and Address of Current Registered Agent

 GUDONIS, ANTHONY
 197 LIDO DR
 ST. PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name	KARNIUS ALBINAS
82 Street Address (P.O. Box Number is Not Acceptable)	6927 14th Ave N.
83	St. Petersburg, Fl. 33716
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

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	V ☒ DELETE	1.1 TITLE	V ☒ Change ☐ Addition
NAME	ANDRIULIS, ALDONA	1.2 NAME	KYNAS LORETA
STREET ADDRESS	560-64TH AVE	1.3 STREET ADDRESS	7420 Bay Island Dr. S. #271
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33706	1.4 CITY-ST-ZIP	S. Pasadena, Fl. 33707
TITLE	P ☒ DELETE	2.1 TITLE	P ☒ Change ☐ Addition
NAME	GUDONIS, ANTHONY	2.2 NAME	KARNIUS, ALBINAS
STREET ADDRESS	197 LIDO DR	2.3 STREET ADDRESS	6927 14th Ave N.
CITY-ST-ZIP	ST PETE BCH FL 33706	2.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710
TITLE	D ☒ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	JASINSKAS, ALDONA	3.2 NAME	MACIULIS, ANELE
STREET ADDRESS	5920 80TH ST N	3.3 STREET ADDRESS	6360 2nd Palm Point
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	St. Pete Beach, Fl. 63706
TITLE	D ☒ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	RASIMAS, PETER	4.2 NAME	VIKTORA, ANTANAS
STREET ADDRESS	7912 SAILBOAT KEY BLVD	4.3 STREET ADDRESS	6919 13th Ave N
CITY-ST-ZIP	SOUTH PASADENA FL	4.4 CITY-ST-ZIP	St. Petersburg, Fl. 33710
TITLE	T ☒ DELETE	5.1 TITLE	T ☒ Change ☐ Addition
NAME	BIKNEVICIUS, VLADAS	5.2 NAME	BIKNEVICIUS, VLADAS
STREET ADDRESS	11162 56TH TERRACE N	5.3 STREET ADDRESS	11162 56th Ter N.
CITY-ST-ZIP	SEMINOLE FL 33772	5.4 CITY-ST-ZIP	Seminole, Fl. 33772
TITLE	D ☒ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	STRAZNICKAS, VYTAUTAS	6.2 NAME	GECAS, JUOZAS
STREET ADDRESS	530 73RD AVE	6.3 STREET ADDRESS	490 82nd Ave
CITY-ST-ZIP	ST PETE BEACH FL	6.4 CITY-ST-ZIP	St. Pete Beach, Fl. 33706

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:

ALBINAS KARNIUS, PRESIDENT

4-28-99

(127) 347-3717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)