2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 703171

1. Entity 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

DO NOT WRITE IN THIS SPACE

01242008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

KYNAS, LORETTA
7700 SUN ISLAND DR S. #408
SAINT PETERSBURG, FL 33707

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Loretta Kynas 2-18-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KYNAS, LORETTA
STREET ADDRESS	7700 SUN ISLAND DR. 408
CITY-ST-ZIP	SO. PASADENA, FL 33707
TITLE	S
NAME	KILBAUSKIENE, RIMA
STREET ADDRESS	4880 46TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33714
TITLE	VP
NAME	JUSKA, VILIUS
STREET ADDRESS	7405 BAY ISLANDS DR., 221
CITY-ST-ZIP	S. PASADENA, FL 33707
TITLE	D
NAME	RADVIL, HELEN
STREET ADDRESS	6536 POMPANO PL S
CITY-ST-ZIP	SAINT PETERSBURG, FL 337073825
TITLE	T
NAME	CESNA, ALDONA
STREET ADDRESS	701 64TH AVE
CITY-ST-ZIP	ST. PETE BEACH, FL 33706
TITLE	D
NAME	ZIGMANTAS, RADVIL S
STREET ADDRESS	6536 POMPANO PL S
CITY-ST-ZIP	SAINT PETERSBURG, FL 337073825

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02/28/08-80032-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Loretta Kynas 2-18-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #