2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 703171

Entity Name: LITHUANIAN AMERICAN CLUB, INC.

Current Principal Place of Business:

4880-46TH AVENUE NORTH
ST PETERSBURG, FL 33714

New Principal Place of Business:

Current Mailing Address:

4880-46TH AVENUE NORTH
ST PETERSBURG, FL 33714

New Mailing Address:

FEI Number: 59-0999424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MEILUS, VIDA
6287 BAHIA DEL MAR CIR APT. 503
SAINT PETERSBURG, FL 33715 US

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.

SIGNATURE: VIDA MEILUS 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KYNAS, LORETTA
Address: 7700 SUN ISLAND DR. 408
City-St-Zip: SO. PASADENA, FL 33707

Title: S ( ) Delete
Name: KILBAUSKIENE, RIMA
Address: 4880 46TH AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VP ( ) Delete
Name: JUSKA, VILIUS
Address: 7405 BAY ISLANDS DR., 221
City-St-Zip: S. PASADENA, FL 33707

Title: D ( ) Delete
Name: RADVIL, HELEN
Address: 6536 POMPANO PL S
City-St-Zip: SAINT PETERSBURG, FL 337073825

Title: T ( ) Delete
Name: CESNA, ALDONA
Address: 701 64TH AVE
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D ( ) Delete
Name: ZIGMANTAS, RADVIL S
Address: 6536 POMPANO PL S
City-St-Zip: SAINT PETERSBURG, FL 337073825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MEILUS, VIDA
Address: 6287 BAHIA DEL MAR CIR APT 503
City-St-Zip: ST PETERSBURG, FL 33715

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: PRIALGAUSKAS, STEFA
Address: 420 64TH AVE APT 1101 E
City-St-Zip: ST PETE BEACH, FL 33706

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDA MEILUS P 01/28/2009
Electronic Signature of Signing Officer or Director Date