

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 847533

FILED
May 06, 2009
Secretary of State

Entity Name: LITHUANIAN NATIONAL FOUNDATION, INC.

Current Principal Place of Business:

307 W 30TH STREET
1ST FLOOR
NEW YORK, NY 100012703 US

New Principal Place of Business:

Current Mailing Address:

307 W 30TH STREET
1ST FLOOR
NEW YORK, NY 100012703 US

New Mailing Address:

FEI Number: 51-0172223 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BIRUTIS, JURGIS
8475 BAY HILL BLVD
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KUMPIKAS, GIEDRE DR
Address: 82-32 BELL BLVD
City-St-Zip: HOLLIS HILLS, NY 11427 US

Title: P () Delete
Name: SIDAS, WALTER
Address: 28 DORADO COURT
City-St-Zip: WILTON, CT 06897 US

Title: T () Delete
Name: SIRUSAS, GEORGE S
Address: 8 ALTAMONT DRIVE
City-St-Zip: FLEMINGTON, NJ 08822 US

Title: D () Delete
Name: BIRUTIS, JURGIS
Address: 8475 BAY HILL BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: V () Delete
Name: POVILAITIS, PRANAS
Address: 9050 TROY AVENUE
City-St-Zip: EVERGREEN PARK, IL US

Title: V () Delete
Name: REMEZA, EVALDAS
Address: 79 BLACKBURN LANE
City-St-Zip: MANHASSET, NY 11030 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: KUMPIKAS, GIEDRE M DR
Address: 82-32 BELL BLVD
City-St-Zip: HOLLIS HILLS, NY 11427 US

Title: P (X) Change () Addition
Name: KUMPIKAS, GIEDRE M DR.
Address: 82-32 BELL BLVD
City-St-Zip: HOLLIS HILLS, NY 11427

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

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: GIEDRE KUMPIKAS

C

05/06/2009

Electronic Signature of Signing Officer or Director

Date