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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000000244 (0)**

1. Corporation Name

LIBRARY AND INFORMATION RESOURCES NETWORK, INC.

Principal Place of Business

**1685 MEDICAL LANE
FORT MYERS FL 33907-1157**

Mailing Address

**1685 MEDICAL LANE
FORT MYERS FL 33907-1157**

3. Date Incorporated or Qualified

01/16/1997

4. FEI Number

65 0767267

Applied For

Not Applicable

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

2. Principal Place of Business

21 7855 126th Avenue, North

Suite, Apt. #, etc.

22 Suite F

City & State

23 Largo, Florida

Zip

24 33773

Country

25 Pinellas

2a. Mailing Address

26 7855 126th Avenue, North

Suite, Apt. #, etc.

27 Suite F

City & State

28 Largo, Florida

Zip

29 33773

Country

30 Pinellas

9. Name and Address of Current Registered Agent

**JONES, DONALD C
1685 MEDICAL LANE
FORT MYERS FL 33907-1157**

2108 Ocean View Drive

Fort Myers FL 33907-1157 x Tierra Verde, FL 33715

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

TITLE ☐ DELETE

NAME **D**
DEVAUX, DOUGLAS F
STREET ADDRESS **1685 MEDICAL LANE**
CITY - ST - ZIP **FORT MYERS FL 33907-1157**

TITLE ☐ DELETE

NAME **D**
DUNCAN, CATHERINE M
STREET ADDRESS **1685 MEDICAL LANE**
CITY - ST - ZIP **FORT MYERS FL 33907-1157**

TITLE ☒ DELETE

NAME **D**
FREEBURG, C W
STREET ADDRESS **1685 MEDICAL LANE**
CITY - ST - ZIP **FORT MYERS FL 33907-1157**

TITLE ☐ DELETE

NAME **D**
JONES, DONALD C
STREET ADDRESS **1685 MEDICAL LANE**
CITY - ST - ZIP **FORT MYERS FL 33907-1157**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **T**
Devaux, Douglas F
1.3 STREET ADDRESS **3693 Imperial Ridge Pkwy**
1.4 CITY - ST - ZIP **Palm Harbor, FL 34684**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **S**
Duncan, Catherine M
2.3 STREET ADDRESS **3044 Barclay Court**
2.4 CITY - ST - ZIP **Tallahassee, FL 32308**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **P/D**
Patrick K. Dugan
3.3 STREET ADDRESS **453 Edgewater Drive**
3.4 CITY - ST - ZIP **Dunedin, FL 34968**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D**
Jones, Donald C
4.3 STREET ADDRESS **2108 Ocean View Drive**
4.4 CITY - ST - ZIP **Tierra Verde, FL 33715**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **V/D**
Marley Soper
5.3 STREET ADDRESS **800 Lake Estelle Drive**
5.4 CITY - ST - ZIP **Orlando, FL 32803**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D.**
Tom Tipsword
6.3 STREET ADDRESS **600 S. Clyde Morris Blvd.**
6.4 CITY - ST - ZIP **Daytona Beach, FL 32114-3900**

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:

Douglas F. Devaux **Douglas F. Devaux**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 23, 1998 (813) 530-3595

Date

Daytime Phone # 0057088

CR2E037 (10/97)

LIBRARY AND INFORMATION RESOURCES NETWORK, INC.

Additional Information for Document #97000000244

Block 13 -- Additional Directors

Title	D
Name	Tuny Jennings
Address	Troy State University
	P.O. Box 9250
City-St-Zip	Hurlburt Field, FL 32544-9250

Title	D
Name	Jorge Alphonso
Address	Florida National College
	6840 SW 40th Street
City-St-Zip	Miami, FL 33155

Title	D
Name	Pat Sagar
Address	Webster University
	6104 Gazebo Park Place South
City-St-Zip	Jacksonville, FL 32257