

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000244

FILED
Jan 11, 2005
Secretary of State

Entity Name: LIBRARY AND INFORMATION RESOURCES NETWORK, INC.

Current Principal Place of Business:

7855 126TH AVE NORTH
STE F
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

7855 126TH AVE NORTH
STE F
LARGO, FL 33733 US

New Mailing Address:

FEI Number: 65-0767267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DONALD C
1685 MEDICAL LANE
FORT MYERS, FL 339071157 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: DT () Delete
Name: DEVAUX, DOUGLAS F
Address: 3693 IMPERIAL RIDGE PKWY
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: GAYLE, JANET
Address: 600 TAYLOR STREET
City-St-Zip: JOLIET, IL 60435

Title: PD () Delete
Name: DUGAN, PATRICK K
Address: 419 BELLE PT. DRIVE
City-St-Zip: ST PETE BEACH, FL 33706

Title: D () Delete
Name: GILL, JAMIE
Address: 4200 54TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: VD () Delete
Name: KOON, WILEY
Address: 1502 EKGIN STREET
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: TIPSWORD, TOM
Address: 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: VD (X) Change () Addition
Name: GILL, JAMIE
Address: 4200 54TH AVENUE SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

Title: D (X) Change () Addition
Name: DOROTHY, NEUHOFER SISTER
Address: P.O.BOX 6665
City-St-Zip: ST LEO, FL 33574 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS DEVAUX, TREASURER

MR.

01/11/2005

Electronic Signature of Signing Officer or Director

Date