

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000244

FILED
Jan 15, 2008
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: HALL, GLENN
Address: 3012 U. S. HIGHWAY 301 NORTH, SUITE 100
City-St-Zip: TAMPA, FL 33619

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

Title: DS () Delete
Name: JENNINGS, TUNY
Address: 81 BEAL PARKWAY SE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: D () Delete
Name: SHARROW, KAREN
Address: 2001 WEST SAMPLE RD, STE 100
City-St-Zip: POMPANO BEACH, FL 33064 US

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

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

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: DOUGLAS DEVAUX

TREA

01/15/2008

Electronic Signature of Signing Officer or Director

Date