

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000244

Entity Name: LIBRARY AND INFORMATION RESOURCES NETWORK, INC.**Current Principal Place of Business:**100 S BELCHER RD
BOX 4755
CLEARWATER, FL 33758-4755**Current Mailing Address:**PO BOX 4755
CLEARWATER, FL 33758-4755 US**FEI Number:** 65-0767261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, MARK
100 S BELCHER RD
BOX 4755
CLEARWATER, FL 33758 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:** MARK WILSON

03/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, SECRETARY, VP
Name TIPSPWORD, THOMAS
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name WILLIAMS, BENJAMIN
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title PRESIDENT, CEO, TREASURER
Name ANDERSON, ANDREW
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name SCHNARRE, VIRGINIA
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name DAVIS, MELISSA
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name DICICCO, JOEL
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name POPOVICH, MELISSA
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

Title DIRECTOR
Name EVENER, JULIE
Address PO BOX 4755
City-State-Zip: CLEARWATER FL 33758-4755

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I hereby 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 all other like empowered.

SIGNATURE: ANDREW ANDERSON

PRESIDENT

03/09/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MORRISON-WILLIAMS, SUZANNE
Address	PO BOX 4755
City-State-Zip:	CLEARWATER FL 33758-4755