

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000244

**Entity Name:** LIBRARY AND INFORMATION RESOURCES NETWORK, INC.**FILED**  
**Jan 08, 2019**  
**Secretary of State**  
**6949453873CC****Current Principal Place of Business:**25400 US HWY 19 N  
SUITE 220  
CLEARWATER, FL 33763**Current Mailing Address:**25400 US HWY 19 N  
SUITE 220  
CLEARWATER, FL 33763 US**FEI Number:** 65-0767261**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILSON, MARK  
25400 US HWY 19 N  
SUITE 220  
CLEARWATER, FL 33763 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

01/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FLORES, DEANNA  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR, SECRETARY, VP  
Name TIPSWORD, THOMAS  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name WILLIAMS, BENJAMIN  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR, PRESIDENT, CEO  
Name ANDERSON, ANDREW  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title TREASURER  
Name DILORETO, CAMILLA  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name SCHNARRE, VIRGINIA  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name O/CONNOR, EMILY  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name JOEL, DICICCO  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

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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

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JAY, OBER  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763

Title DIRECTOR  
Name MELISSA, POPOVICH  
Address 25400 US HWY 19 N  
SUITE 220  
City-State-Zip: CLEARWATER FL 33763