

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000244

**Entity Name:** LIBRARY AND INFORMATION RESOURCES NETWORK, INC.**FILED**  
**Feb 21, 2020**  
**Secretary of State**  
**7064994802CC****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

02/21/2020

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,  
TREASURER  
Name ANDERSON, ANDREW  
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 DAVIS, MELISSA  
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

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

**Continues on page 2**

*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**

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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