

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000244

FILED
Jan 08, 2019
Secretary of State
6949453873CC

Entity Name: LIBRARY AND INFORMATION RESOURCES NETWORK, INC.

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

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

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