

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000000244

**FILED**  
**Feb 09, 2021**  
**Secretary of State**  
**4653805954CC**

**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

02/09/2021

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

Title DIRECTOR  
Name MELISSA, POPOVICH  
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

02/09/2021

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