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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **708865** (1)

1. Corporation Name

SAINT LEO COLLEGE INCORPORATED

Principal Place of Business

Mailing Address

**SAINT LEO COLLEGE
HIGHWAY 52
ST. LEO FL 33574**

**SAINT LEO COLLEGE
HIGHWAY 52
ST. LEO FL 33574**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1965		3a. Date of Last Report 03/28/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1237047		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOUCH, FRANKL M.
HWY 52, SAINT LEO COLLEGE
SAINT LEO FL 33574**

10. Name and Address of New Registered Agent

81 Name	Kirk, Dr. Arthur F.
82 Street Address (P.O. Box Number is Not Acceptable)	HWY 52
83	
84 City	Saint Leo, FL
85 Zip Code	33574

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  DATE **4/7/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, CONSTANCE	1.2 NAME	
STREET ADDRESS	184 DORY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DONALD L MD.	2.2 NAME	Kirk, Arthur F.
STREET ADDRESS	798 TROON TRAILAD	2.3 STREET ADDRESS	HWY 52
CITY-ST-ZIP	WORTHINGTON OH 43085	2.4 CITY-ST-ZIP	St. Leo, FL 33574
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKNER, ROBERT A	3.2 NAME	Lynch, Rev Robert N.
STREET ADDRESS	605 SOUTH BROAD ST	3.3 STREET ADDRESS	P.O. Box 40200 N/A
CITY-ST-ZIP	BROOKSVILLE FL 34801	3.4 CITY-ST-ZIP	St. Petersburg, FL 33743-0200
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CRAIG D	4.2 NAME	
STREET ADDRESS	3803 BARCELONA STREET	4.3 STREET ADDRESS	6200 Courtney Campbell Causeway STE 845
CITY-ST-ZIP	TAMPA FL 33629	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGIULO, JEFFREY D	5.2 NAME	
STREET ADDRESS	1442 GALLEON DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMPSEY, THOMAS L	6.2 NAME	Thole, Rev. Simeon
STREET ADDRESS	5327 COBBLESTONE COURT	6.3 STREET ADDRESS	P.O. Box 2369 N/A
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	6.4 CITY-ST-ZIP	Saint Leo, FL 33574

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

CORPORATION ANNUAL REPORT
SAINT LEO COLLEGE

Attachment to Annual Report 1997

TITLE S
NAME Sister Germaine Bevans, O.S.B.
ADDRESS Holy Name Priory
Hwy 52
Saint Leo, FL 33574

TITLE D
NAME Buckridge, Thomas W.
ADDRESS Citicorp Global Cash Management
6700 Citicorp Drive
Tampa, FL 33619

TITLE D
NAME Cabot, Robert J.
ADDRESS P. O. Box 43 N/A
San Antonio, FL 33576

TITLE D
NAME Dooris, George M.
ADDRESS P.O. Box 2378
St. Leo, FL 33574

TITLE D
NAME Ewing, E.J.
ADDRESS 469 Yacht Harbor Drive, South Bay
Osprey, FL 34229

TITLE D
NAME Franco, Anthony M.
ADDRESS Stonewood Towers B 701
830 N. Atlantic Ave.
Cocoa Beach, FL 32931

TITLE D
NAME Greene III, Raleigh
ADDRESS 1180 35th Ave NE
St. Petersburg, FL 33704

Attachment to Annual Report Page 2

TITLE DC
NAME Gullett, Dwaine E.
ADDRESS 5325 Cobblestone Court
Wesley Chapel, FL 33543

TITLE D
NAME Hartnett, Robert C.
ADDRESS 401 Lakewood Drive
Winter park, FL 32789

TITLE D
NAME Heagerty, James
ADDRESS 43 Tidy Island Blvd.
Bradenton, FL 34206

TITLE D
NAME Mahaffey, Mark T.
ADDRESS 5926 Bahama Shores Drive S
St. Petersburg, FL 33705

TITLE D
NAME Mitchell, Mark D.
ADDRESS 641 Briar Lane
Northfield, IL 60093

TITLE D
NAME Molloy, Joseph A.
ADDRESS 3411 Muellens Ave
Tampa, FL 33609

TITLE D
NAME Sister Mary Clare Neuhofer, O.S.B.
ADDRESS HWY 52
Saint Leo, FL 33574

TITLE D
NAME Most Reverend John J. Nevins, D.D.
ADDRESS Bishop of Venice
P.O. Box 2006
Venice, FL 34284

Attachment to Annual Report Page 3

TITLE D
NAME Preller, David J.
ADDRESS 3 Dulaney Gate Court
Cockeysville, MD 21030

TITLE D
NAME Reynolds, John C.
ADDRESS 24 Cambridge Drive
Allendale, NJ 07401

TITLE D
NAME Rodriguez, Michael A.
ADDRESS 6414 North Cameron Ave.
Tampa, FL 33614

TITLE D
NAME Schaefer, Richard H.
ADDRESS 551 Harbor Cove Circle
Longboat Key, FL 34228

TITLE D
NAME Schrader, Thomas A.
ADDRESS P.O. Box 77
San Antonio, FL 33576

TITLE D
NAME Walter, Connie S.
ADDRESS 2611 Bayshore Blvd #1
Tampa, FL 33629

TITLE D
NAME Wolverton, Morton E.
ADDRESS 524 Ketch Lane
Longboat Key, FL 34228