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FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574	Mailing Address SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574
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3. Date Incorporated or Qualified 04/23/1965
4. FEI Number 59-1237047
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent KIRK, DR ARTHUR F HWY 52 SAINT LEO FL 33574	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 *[Signature]* **4/21/98**
 Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> DELETE
NAME	BLUM, CONSTANCE
STREET ADDRESS	164 DORY LANE
CITY-ST-ZIP	OSPREY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, DONALD L MD
STREET ADDRESS	708 TROON TRAILAD
CITY-ST-ZIP	WORTHINGTON OH 43085
TITLE	D <input type="checkbox"/> DELETE
NAME	BUCKNER, ROBERT A
STREET ADDRESS	605 SOUTH BROAD ST
CITY-ST-ZIP	BROOKSVILLE FL 34601
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COLLINS, CRAIG D
STREET ADDRESS	6200 COURTNEY CAMPBELL CSWY STE 845
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GARGIULO, JEFFREY D
STREET ADDRESS	1442 GALLEON DR
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DEMPSEY, THOMAS L
STREET ADDRESS	5327 COBBLESTONE COURT
CITY-ST-ZIP	WESLEY CHAPEL FL 33543

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	11 North Main St.
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *[Signature]* **4/21/98**

CR2E037 (10/97)

**CORPORATION ANNUAL REPORT
SAINT LEO COLLEGE**

Attachment to Annual Report 1998

TITLE S
NAME Sister Germaine Bevans, O.S.B.
ADDRESS Holy Name Priors
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 Addition
NAME Connallon, William
ADDRESS 421 Stony Brook Drive
Bridgewater, NJ 08807

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

TITLE D Addition
NAME Draude, Thomas V.
ADDRESS 17953 Cachet Isle
Tampa, FL 33647

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

Attachment to Annual Report Page 2

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

TITLE P
NAME Kirk, Arthur F. Jr.
ADDRESS 30241 Fairway Drive
Wesley Chapel, FL 33543

TITLE D
NAME Lynch, Rev. Robert N.
ADDRESS P.O. Box 40200 N/A
St. Petersburg, FL 33743-0200

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 Addition
NAME Mullen, Dennis
ADDRESS 15 Merry Creek Crossing
Pittsford, NY 14534

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

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

Attachment to Annual Report Page 3

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 V
NAME Schrader, Thomas A.
ADDRESS P.O. Box 77 N/A
San Antonio, FL 33576

TITLE D
NAME Thole, Reverend Simeon
ADDRESS Saint Leo Abbey
P.O. Box 2369 N/A
Saint Leo, FL 33574

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