


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

01-29-2004 90075 015 ****61.25

DOCUMENT # 708865	
1. Entity Name SAINT LEO UNIVERSITY INCORPORATED	

Principal Place of Business SAINT LEO UNIVERSITY SR 52 SAINT LEO, FL 33701	Mailing Address SAINT LEO COLLEGE PO BOX 6665 ST. LEO, FL 33574
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66402039



01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business 33701 SR 52	3. Mailing Address P.O. Box 6665 MC 2246
Suite, Apt. #, etc.	Suite, Apt. #, etc.

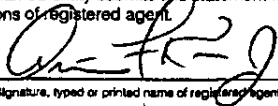
City & State SAINT LEO FL	City & State SAINT LEO, FL
Zip 33574	Country USA
Country USA	Zip 33574

4. FEI Number 59-1237047	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRK, DR ARTHUR F. HWY 52 SAINT LEO, FL 33574	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

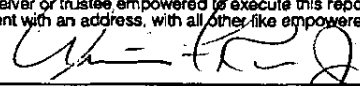
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	ARTHUR F. KIRK, JR. PRESIDENT 1/19/04
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$81.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	MEZZANINI, FRANK
STREET ADDRESS	ST LEO UNIV INC-P O BOX 6665
CITY-ST-ZIP	SAINT LEO, FL 33574
TITLE	<input type="checkbox"/> Delete
NAME	C GREENFELDER, GLEN
STREET ADDRESS	14217 THIRD STREET
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	<input type="checkbox"/> Delete
NAME	D BUCKNER, ROBERT A
STREET ADDRESS	11 N MAIN ST
CITY-ST-ZIP	BROOKSVILLE, FL 34601
TITLE	<input type="checkbox"/> Delete
NAME	S NEUHOFFER, MARY CLARE
STREET ADDRESS	HOLY NAME MONASTERY - POB 2450
CITY-ST-ZIP	ST LEO, FL 33574
TITLE	<input type="checkbox"/> Delete
NAME	D BUCKRIDGE, THOMAS
STREET ADDRESS	3800 CITIBANK CTR F 205
CITY-ST-ZIP	TAMPA, FL 33601
TITLE	<input type="checkbox"/> Delete
NAME	MCDEVITT, SHEILA
STREET ADDRESS	702 N. FRANKLIN ST
CITY-ST-ZIP	TAMPA, FL 33601

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	2/11/04 352-598-8200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #