

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # 708865

1. Entity Name
SAINT LEO UNIVERSITY INCORPORATED



Principal Place of Business

**33701 SR 52
SAINT LEO, FL 33574**

Mailing Address

**PO BOX 6665
MC 2246
ST. LEO, FL 33574**



03132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1237047

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KIRK, DR ARTHUR F
33701 HWY 52
SAINT LEO, FL 33574**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee Is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000694530
04/17/07-80023-011 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DR
ARNOLD, FRANK
17728 LONG RIDGE ROAD
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERMINGHAM, JOHN A
3000 E PLANO PARKWAY
PLANO, TX 70405**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BEVANS, GERMAIN
P.O. BOX 40200
SAINT PETERSBURG, FL 337430200**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRANNEN, CYNTHIA
3300 SOUTH PLEASANT GROVE ROAD
INVERNESS, FL 344527088**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUCKNER, ROBERT
11 NORTH MAIN STREET
BROOKSVILLE, FL 34601**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUCKRIDGE, THOMAS
283 COY LANE
CLAYTON, GA 30525**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Frank Mezzanini

Frank Mezzanini

3/21/07

352-588-8215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #