

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708865

Entity Name: SAINT LEO UNIVERSITY INCORPORATED**Current Principal Place of Business:**33701 SR 52
SAINT LEO, FL 33574**Current Mailing Address:**PO BOX 6665
MC 2246
ST. LEO, FL 33574**FEI Number:** 59-1237047**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KIRK, DR ARTHUR F
33701 SR 52
MC2187
SAINT LEO, FL 33574 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	BRANNEN, CYNTHIA
Address	3300 SOUTH PLEASANT GROVE RD
City-State-Zip:	INVERNESS FL 34452

Title	SECRETARY
Name	KADDAOURI, THAMIR AJR
Address	3241 WEST CYPRESS STREET
City-State-Zip:	TAMPA FL 33607

Title	MR
Name	N/A, N/A
Address	N/A
City-State-Zip:	N/A FL 33574

Title	TREASURER
Name	WEEKES, ERIC B
Address	33701 STATE RD 52
City-State-Zip:	SAINT LEO FL 33574

Title	VC
Name	MULLIN, DENNIS M
Address	15 MERRY CREEK CROSSING
City-State-Zip:	PITTSFORD NY 14604

Title	MR
Name	N/A, N/A
Address	N/A
City-State-Zip:	N/A FL 33574

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: ERIC B. WEEKES

TREASURER

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date