#### 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. 09/07/2018 SIGNATURE: JOHN NISBET CFO

Electronic Signature of Signing Officer/Director Detail

#### 2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT**

**DOCUMENT# 708865** 

Entity Name: SAINT LEO UNIVERSITY INCORPORATED

# **Current Principal Place of Business:**

33701 SR 52 ST. LEO, FL 33574

## **Current Mailing Address:**

PO BOX 6665 MC 2246

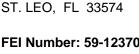
## FEI Number: 59-1237047

## Name and Address of Current Registered Agent:

SENESE, JEFFREY DR. 33701 SR 52 MC2187 ST. 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	: DR. JEFFREY SENESE			09/07/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP, CFO, TREASURER	Title	SECRETARY	
Name	NISBET, JOHN	Name	KADDOURI, THAMIR A.R. JR.	
Address	33701 SR 52	Address	PO BOX 6665 MC 2246	
City-State-Zip:	ST. LEO FL 33574	City-State-Zip:		
Title	VC	Title	PRESIDENT	
Name	MITCHELL, DEWEY	Name	SENESE, JEFFREY DR.	
Address	PO BOX 6665 MC 2246	Address	PO BOX 6665 MC 2246	
City-State-Zip:	ST. LEO FL 33574	City-State-Zip:	ST. LEO FL 33574	
Title	CHAIRMAN			
Name	MARY, O'KEEFE			
Address	PO BOX 6665 MC 2246			
City-State-Zip:	ST. LEO FL 33574			



FILED Sep 07, 2018 Secretary of State CC0048217476

Certificate of Status Desired: Yes

Date