

2019 FLORIDA NOT FOR PROFIT CORPORATION 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
ST. LEO, FL 33574**FEI Number:** 59-1237047**Certificate of Status Desired:** Yes**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**02/06/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP, CFO, TREASURER
Name NISBET, JOHN
Address 33701 SR 52
City-State-Zip: ST. LEO FL 33574

Title SECRETARY
Name KADDOURI, THAMIR A.R. JR.
Address PO BOX 6665
MC 2246
City-State-Zip: ST. LEO FL 33574

Title VC
Name MITCHELL, DEWEY
Address PO BOX 6665
MC 2246
City-State-Zip: ST. LEO FL 33574

Title PRESIDENT
Name SENESE, JEFFREY DR.
Address PO BOX 6665
MC 2246
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

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: JOHN NISBET**CFO****02/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date