

2017 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:**LENNOX, DR. WILLIAM
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:** DR. WILLIAM LENNOX

03/03/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title SECRETARY
Name KADDAOURI, THAMIR AJR
Address PO BOX 6665
 MC 2246
City-State-Zip: ST. LEO FL 33574

Title VC
Name O'KEEFE, MARY
Address PO BOX 6665
 MC 2246
City-State-Zip: ST. LEO FL 33574

Title PRESIDENT
Name LENNOX, DR. WILLIAM
Address PO BOX 6665
 MC 2246
City-State-Zip: ST. LEO FL 33574

Title CHAIRMAN
Name MULLEN, DENNIS
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: ERIC B. WEEKESVP/CFO BUSINESS
AFFAIRS

03/03/2017

Electronic Signature of Signing Officer/Director Detail

Date