

2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00765

Entity Name: UNIVERSITY OF ST. FRANCIS CORPORATION**Current Principal Place of Business:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435**Current Mailing Address:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435 US**FEI Number:** 36-2170999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCOY, JANICE
1115 ALLAIRE LOOP
THE VILLAGES, FL 32163-2375 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	CHAIRPERSON
Name	SCHEUBER, ARTHUR F.
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

Title	VICE CHAIRPERSON
Name	VAVA, THOMAS
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

Title	SECRETARY
Name	JOHNSON, ARVID C. PHD
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

Title	TREASURER
Name	GARD, JULEE
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

Title	DIRECTOR
Name	BUCHANAN, DEWITT
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

Title	DIRECTOR
Name	BRENNAN, MICHAEL
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
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Title	DIRECTOR
Name	BASS, MARK D.
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
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Title	DIRECTOR
Name	DAN , STEVENSON
Address	UNIVERSITY OF ST. FRANCIS 500 WILCOX STREET
City-State-Zip:	JOLIET IL 60435

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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: DR. ARVID C. JOHNSON**SECRETARY****01/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GUIDER, MARGARET
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name HOLDMAN, SCOTT
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name HABIGER, DIANE F.
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Title DIRECTOR
Name LEWIS, JAMES B. FR.
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Title DIRECTOR
Name SIDHU, PARAMJIT SINGH
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Title DIRECTOR
Name TURK, MICHAEL
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Title DIRECTOR
Name ZEMONT, DOLORES SR.
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Title DIRECTOR
Name WHEELER, PATRICIA S.
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Title DIRECTOR
Name YOUNG, MARY JO PHD
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Title DIRECTOR
Name ARELLANO, ANTHONY

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Name DOLLINGER, EDWARD
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Title DIRECTOR
Name MCCARTHY, CHERYL
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Name WILSON, PHYLLIS PHD
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Title DIRECTOR
Name HERNANDEZ, STEVEN

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Name MALLOF, JOSEPH
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Title DIRECTOR
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Title DIRECTOR
Name ROSEN, CANDICE
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Title DIRECTOR
Name BELLAH, WILLIAM
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