


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 708865 (1)**

1. Corporation Name  
**SAINT LEO COLLEGE INCORPORATED**

Principal Place of Business <b>SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574</b>	Mailing Address <b>SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574</b>
---	---



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified <b>04/23/1965</b>	3a. Date of Last Report <b>03/28/1996</b>
4. FEI Number <b>59-1237047</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MOUCH, FRANKL M.  
HWY 52, SAINT LEO COLLEGE  
SAINT LEO FL 33574**

10. Name and Address of New Registered Agent

81 Name <b>Kirk, Dr. Arthur F.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>HWY 52</b>
83
84 City <b>Saint Leo, FL</b>
85 Zip Code <b>33574</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/7/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BLUM, CONSTANCE</b>
STREET ADDRESS	<b>184 DORY LANE</b>
CITY-ST-ZIP	<b>OSPREY FL 34220</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BROWN, DONALD L MD.</b>
STREET ADDRESS	<b>798 TROON TRAILAD</b>
CITY-ST-ZIP	<b>WORTHINGTON OH 43085</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUCKNER, ROBERT A</b>
STREET ADDRESS	<b>605 SOUTH BROAD ST</b>
CITY-ST-ZIP	<b>BROOKSVILLE FL 34801</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COLLINS, CRAIG D</b>
STREET ADDRESS	<b>3803 BARCELONA STREET</b>
CITY-ST-ZIP	<b>TAMPA FL 33620</b>
TITLE	<b>DC</b> <input type="checkbox"/> DELETE
NAME	<b>GARGIULO, JEFFREY D</b>
STREET ADDRESS	<b>1442 GALLEON DR</b>
CITY-ST-ZIP	<b>NAPLES FL 33940</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEMPSEY, THOMAS L</b>
STREET ADDRESS	<b>5327 COBBLESTONE COURT</b>
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Kirk, Arthur F.</b>
2.3 STREET ADDRESS	<b>HWY 52</b>
2.4 CITY-ST-ZIP	<b>St. Leo, FL 33574</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Lynch, Rev Robert N.</b>
3.3 STREET ADDRESS	<b>P.O. Box 40200 N/A</b>
3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33743-0200</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>6200 Courtney Campbell Causeway STE 845</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Thole, Rev. Simeon</b>
6.3 STREET ADDRESS	<b>P.O. Box 2369 N/A</b>
6.4 CITY-ST-ZIP	<b>Saint Leo, FL 33574</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

CORPORATION ANNUAL REPORT  
SAINT LEO COLLEGE

Attachment to Annual Report 1997

TITLE S  
NAME Sister Germaine Bevans, O.S.B.  
ADDRESS Holy Name Priory  
Hwy 52  
Saint Leo, FL 33574

TITLE D  
NAME Buckridge, Thomas W.  
ADDRESS Citicorp Global Cash Management  
6700 Citicorp Drive  
Tampa, FL 33619

TITLE D  
NAME Cabot, Robert J.  
ADDRESS P. O. Box 43 N/A  
San Antonio, FL 33576

TITLE D  
NAME Dooris, George M.  
ADDRESS P.O. Box 2378  
St. Leo, FL 33574

TITLE D  
NAME Ewing, E.J.  
ADDRESS 469 Yacht Harbor Drive, South Bay  
Osprey, FL 34229

TITLE D  
NAME Franco, Anthony M.  
ADDRESS Stonewood Towers B 701  
830 N. Atlantic Ave.  
Cocoa Beach, FL 32931

TITLE D  
NAME Greene III, Raleigh  
ADDRESS 1180 35th Ave NE  
St. Petersburg, FL 33704

Attachment to Annual Report Page 2

TITLE DC  
NAME Gullett, Dwaine E.  
ADDRESS 5325 Cobblestone Court  
Wesley Chapel, FL 33543

TITLE D  
NAME Hartnett, Robert C.  
ADDRESS 401 Lakewood Drive  
Winter park, FL 32789

TITLE D  
NAME Heagerty, James  
ADDRESS 43 Tidy Island Blvd.  
Bradenton, FL 34206

TITLE D  
NAME Mahaffey, Mark T.  
ADDRESS 5926 Bahama Shores Drive S  
St. Petersburg, FL 33705

TITLE D  
NAME Mitchell, Mark D.  
ADDRESS 641 Briar Lane  
Northfield, IL 60093

TITLE D  
NAME Molloy, Joseph A.  
ADDRESS 3411 Muellens Ave  
Tampa, FL 33609

TITLE D  
NAME Sister Mary Clare Neuhofer, O.S.B.  
ADDRESS HWY 52  
Saint Leo, FL 33574

TITLE D  
NAME Most Reverend John J. Nevins, D.D.  
ADDRESS Bishop of Venice  
P.O. Box 2006  
Venice, FL 34284

Attachment to Annual Report Page 3

TITLE D  
NAME Preller, David J.  
ADDRESS 3 Dulaney Gate Court  
Cockeysville, MD 21030

TITLE D  
NAME Reynolds, John C.  
ADDRESS 24 Cambridge Drive  
Allendale, NJ 07401

TITLE D  
NAME Rodriguez, Michael A.  
ADDRESS 6414 North Cameron Ave.  
Tampa, FL 33614

TITLE D  
NAME Schaefer, Richard H.  
ADDRESS 551 Harbor Cove Circle  
Longboat Key, FL 34228

TITLE D  
NAME Schrader, Thomas A.  
ADDRESS P.O. Box 77  
San Antonio, FL 33576

TITLE D  
NAME Walter, Connie S.  
ADDRESS 2611 Bayshore Blvd #1  
Tampa, FL 33629

TITLE D  
NAME Wolverton, Morton E.  
ADDRESS 524 Ketch Lane  
Longboat Key, FL 34228