

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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>
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3. Date Incorporated or Qualified  
**04/23/1965**

4. FEI Number <b>59-1237047</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**KIRK, DR ARTHUR F  
HWY 52  
SAINT LEO FL 33574**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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 **4/21/98**  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUM, CONSTANCE</b>	1.2 NAME	
STREET ADDRESS	<b>164 DORY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OSPREY FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DONALD L MD</b>	2.2 NAME	
STREET ADDRESS	<b>708 TROON TRAILAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WORTHINGTON OH 43085</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKNER, ROBERT A</b>	3.2 NAME	
STREET ADDRESS	<b>605 SOUTH BROAD ST</b>	3.3 STREET ADDRESS	<b>11 North Main St.</b>
CITY-ST-ZIP	<b>BROOKVILLE FL 34601</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLINS, CRAIG D</b>	4.2 NAME	
STREET ADDRESS	<b>6200 COURTNEY CAMPBELL CSWY STE 845</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARGIULO, JEFFREY D</b>	5.2 NAME	
STREET ADDRESS	<b>1442 GALLEON DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEMPSEY, THOMAS L</b>	6.2 NAME	
STREET ADDRESS	<b>5327 COBBLESTONE COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESLEY CHAPEL FL 33543</b>	6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *[Signature]* DATE **4/21/98**

CFR2037 (10/97)

CORPORATION ANNUAL REPORT  
SAINT LEO COLLEGE

Attachment to Annual Report 1998

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 Addition  
NAME Connallon, William  
ADDRESS 421 Stony Brook Drive  
Bridgewater, NJ 08807

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

TITLE D Addition  
NAME Draude, Thomas V.  
ADDRESS 17953 Cachet Isle  
Tampa, FL 33647

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

Attachment to Annual Report Page 2

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

TITLE P  
NAME Kirk, Arthur F. Jr.  
ADDRESS 30241 Fairway Drive  
Wesley Chapel, FL 33543

TITLE D  
NAME Lynch, Rev. Robert N.  
ADDRESS P.O. Box 40200 N/A  
St. Petersburg, FL 33743-0200

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 Addition  
NAME Mullen, Dennis  
ADDRESS 15 Merry Creek Crossing  
Pittsford, NY 14534

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

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

Attachment to Annual Report Page 3

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 V  
NAME Schrader, Thomas A.  
ADDRESS P.O. Box 77 N/A  
San Antonio, FL 33576

TITLE D  
NAME Thole, Reverend Simeon  
ADDRESS Saint Leo Abbey  
P.O. Box 2369 N/A  
Saint Leo, FL 33574

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