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04-29-1999 90172 007 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708865

1. Corporation Name
SAINT LEO COLLEGE INCORPORATED

Principal Place of Business SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574	Mailing Address SAINT LEO COLLEGE HIGHWAY 52 ST. LEO FL 33574
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date incorporated or Qualified 04/23/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1237047
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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. Bx Number is Not Acceptable) 83 84 City, FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, CONSTANCE	1.2 NAME	
STREET ADDRESS	164 DORY LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DONALD L MD	2.2 NAME	
STREET ADDRESS	798 TROON TRAILAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH 43085	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, ROBERT A	3.2 NAME	
STREET ADDRESS	11 N MAIN ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34601	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARGIULO, JEFFREY D	4.2 NAME	V/D
STREET ADDRESS	1442 GALLEON DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, THOMAS L	5.2 NAME	
STREET ADDRESS	5327 COBBLESTONE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: ARTHUR F. KIRK JR 4/18/99 352-588-8242
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)

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**CORPORATION ANNUAL REPORT
SAINT LEO COLLEGE**

Attachment to Annual Report 1998

TITLE D
NAME Cabot, Robert J.
ADDRESS 13540 Tenth St
Dade City, FL 33525

TITLE D Addition
NAME Collins, D. Craig
ADDRESS 3803 Barcelona St
Tampa, FL 33629

TITLE D
NAME Connallon, William
ADDRESS 476 Union Avenue
Middlesex,, NJ 08807

TITLE D Addition
NAME Conner, Elizabeth
ADDRESS 4906 St. Croix Drive
Tampa, FL 33629

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

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

TITLE D Addition
NAME Greenfelder Glen
ADDRESS 14217 Third St
Dade City, FL 33525

Attachment to Annual Report Page 3

446944-90172-7
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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 Schaefer, Richard H.
ADDRESS 551 Harbor Cove Circle
Longboat Key, FL 34228

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

TITLE D
NAME Steiner, Susan
ADDRESS 5003 Rolleston Court
Tampa, FL 33624

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

TITLE D
NAME Williams, Jerry
ADDRESS 8687 Perimeter Park Blvd.
Jacksonville, FL 32216

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TITLE D/C
NAME Gullett, Dwaine E.
ADDRESS 5325 Cobblestone Court
Wesley Chapel, FL 33543

TITLE D Addition
NAME Harris, Stephanie
ADDRESS 5725 17th Way South Apt F
St. Petersburg, FL 33712

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

TITLE D
NAME Lynch, Rev. Robert N.
ADDRESS Bishop of St. Petersburg
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
NAME Mullen, Dennis
ADDRESS 15 Merry Creek Crossing
Pittsford, NY 14534

TITLE D/S
NAME Sister Mary Clare Neuhofer, O.S.B.
ADDRESS Holy Name Monastery
33201 SR 52
Saint Leo, FL 33574