


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

01-29-2004 90075 015 ****61.25

DOCUMENT # 708865

1. Entity Name
SAINT LEO UNIVERSITY INCORPORATED



Principal Place of Business
SAINT LEO UNIVERSITY
SR 52
~~SAINT PETERSBURG FL 33701~~

Mailing Address
SAINT LEO COLLEGE
PO BOX 6665
ST. LEO, FL 33574

66902039



01092004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
33701 SR 52

3. Mailing Address
P.O. Box 6665
MC 2246

Suite, Apt. #, etc.

City & State
SAINT LEO FL

City & State
SAINT LEO, FL

Zip
33574

Country
USA

Zip
33574

Country
USA

4. FEI Number
59-1237047

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KIRK, DR ARTHUR F.
HWY 52
SAINT LEO, FL 33574

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **ARTHUR F. KIRK, JR. PRESIDENT 11/19/04**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

T TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEZZANINI, FRANK ST LEO UNIV INC-P O BOX 6665 SAINT LEO, FL 33574	<input type="checkbox"/> Delete
C TITLE NAME STREET ADDRESS CITY-ST-ZIP	GREENFELDER, GLEN 14217 THIRD STREET DADE CITY, FL 33523	<input type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUCKNER, ROBERT A 11 N MAIN ST BROOKSVILLE, FL 34601	<input type="checkbox"/> Delete
S TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEUHOFER, MARY CLARE HOLY NAME MONASTERY - POB 2450 ST LEO, FL 33574	<input type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	BUCKRIDGE, THOMAS 3800 CITIBANK CTR F 205 TAMPA, FL 33601	<input type="checkbox"/> Delete
D TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCDEVITT, SHEILA 702 N. FRANKLIN ST TAMPA, FL 33601	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2/11/04** **352-588-8200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #