

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708865

FILED
Apr 18, 2006
Secretary of State

Entity Name: SAINT LEO UNIVERSITY INCORPORATED

Current Principal Place of Business:

33701 SR 52
SAINT LEO, FL 33574

New Principal Place of Business:

Current Mailing Address:

PO BOX 6665
MC 2246
ST. LEO, FL 33574

New Mailing Address:

FEI Number: 59-1237047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KIRK, DR ARTHUR F
33701 HWY 52
SAINT LEO, FL 33574 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:

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: ARNOLD, FRANK
Address: 17728 LONG RIDGE ROAD
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: BIRMINGHAM, JOHN A
Address: 3000 E PLANO PARKWAY
City-St-Zip: PLANO, TX 70405

Title: D () Delete
Name: BEVANS, GERMAIN
Address: P.O. BOX 40200
City-St-Zip: SAINT PETERSBURG, FL 337430200

Title: D () Delete
Name: BRANNEN, CYNTHIA
Address: 3300 SOUTH PLEASANT GROVE ROAD
City-St-Zip: INVERNESS, FL 344527088

Title: D () Delete
Name: BUCKNER, ROBERT
Address: 11 NORTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: BUCKRIDGE, THOMAS
Address: 283 COY LANE
City-St-Zip: CLAYTON, GA 30525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREA STATTON

CNTR

04/18/2006

Electronic Signature of Signing Officer or Director

Date