

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708865

FILED
Jul 09, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: MULLEN, DENNIS M
Address: 100 CHESTNUT STREET, ONE HSBC PLAZA, #1900
City-St-Zip: ROCHESTER, NY 14604

Title: MR. () Delete
Name: GERBINO, ANTHONY J
Address: 2700 THREE ALLEN CENTER, 333 CLAY STREET
City-St-Zip: HOUSTON, TX 77002

Title: SR. () Delete
Name: NEUHOFFER, MARY CLAIRE
Address: 33201 STATE ROAD 52
City-St-Zip: SAINT LEO, FL 33574

Title: MR. () Delete
Name: POWERS, PETER
Address: 2824 RUMSON COURT
City-St-Zip: ATLANTA, GA 30305

Title: MS. () Delete
Name: BRENNAN, CYNTHIA
Address: 3800 S. LECANTO HIGHWAY
City-St-Zip: LECANTO, FL 34461

Title: FR. () Delete
Name: MCCONVILLE, WILLIAM
Address: 11401 LEESVILLE ROAD
City-St-Zip: RALEIGH, NC 27613

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
Name:
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 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: FRANK MEZZANINI

CFO

07/09/2009

Electronic Signature of Signing Officer or Director

_____ Date