

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708865

FILED  
Apr 25, 2012  
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 (X)**

**Name and Address of Current Registered Agent:**

KIRK, DR ARTHUR F  
33701 SR 52  
MC2187  
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.  
Name: TAPIA, DONALD  
Address: 4805 E ROADRUNNER ROAD  
City-St-Zip: PARADISE VALLEY, AZ 85253

Title: MR.  
Name: MEZZANINI, FRANK  
Address: 33701 STATE RD 52  
City-St-Zip: SAINT LEO, FL 33574

Title: MR  
Name: KADDAOURI, THAMIR A JR  
Address: 3241 WEST CYPRESS STREET  
City-St-Zip: TAMPA, FL 33607

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

Title: MR  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, FL 33574

Title: MR  
Name: N/A, N/A  
Address: N/A  
City-St-Zip: N/A, FL 33574

I hereby 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 all other like empowered.

SIGNATURE: FRANK MEZZANINI

VP

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date