

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