

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703251

Entity Name: ST. THOMAS UNIVERSITY, INC.**Current Principal Place of Business:**16401 NORTHWEST 37TH AVENUE
ADMINISTRATIVE AFFAIRS
MIAMI GARDENS, FL 33054**Current Mailing Address:**16401 NORTHWEST 37TH AVENUE
ADMINISTRATIVE AFFAIRS
MIAMI GARDENS, FL 33054**FEI Number:** 59-0949880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK ESQ.
110 MERRICK WAY
SUITE 3-B
CORAL GABLES, FL 33134 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	ARMSTRONG , DAVID A.
Address	16401 N.W. 37TH. AVENUE
City-State-Zip:	MIAMI GARDENS FL 33054

Title	CHAIRMAN
Name	DOONER, JOHN J.
Address	17 STATE STREET
City-State-Zip:	NEW YORK NY 10004

Title	VP, CFO
Name	WAGNER, LINDA L.
Address	16401 N.W. 37TH AVE.
City-State-Zip:	MIAMI GARDENS FL 33054

Title	ASST. SECRETARY
Name	UGALDE, MARINA
Address	16401 NW 37TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33054

Title	ACTING PROVOST, VP ACADEMIC AFFAIRS
Name	GARCIA, MICHELLE JOHNSON
Address	16401 NORTHWEST 37TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33054

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: LINDA L. WAGNER

VP, CFO

04/11/2022

Electronic Signature of Signing Officer/Director Detail_____
Date