

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 708865

**Entity Name:** SAINT LEO UNIVERSITY INCORPORATED

**Current Principal Place of Business:**

33701 SR 52  
SAINT LEO, FL 33574

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC7805921447**

**Current Mailing Address:**

PO BOX 6665  
MC 2246  
ST. LEO, FL 33574

**FEI Number: 59-1237047**

**Certificate of Status Desired: Yes**

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

KIRK, DR ARTHUR F  
33701 SR 52  
MC2187  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name BRANNEN, CYNTHIA  
Address 3300 SOUTH PLEASANT GROVE RD  
City-State-Zip: INVERNESS FL 34452

Title TREASURER  
Name PLECENIK, JEANNE T  
Address 33701 STATE RD 52  
City-State-Zip: SAINT LEO FL 33574

Title SECRETARY  
Name KADDAOURI, THAMIR AJR  
Address 3241 WEST CYPRESS STREET  
City-State-Zip: TAMPA FL 33607

Title VC  
Name MULLIN, DENNIS M  
Address 15 MERRY CREEK CROSSING  
City-State-Zip: PITTSFORD NY 14604

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

Title MR  
Name N/A, N/A  
Address N/A  
City-State-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: JEANNE PLECENIK**

**TREASURER**

**01/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date