

**2018 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

**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:**

LENNOX, DR. WILLIAM  
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:** DR. WILLIAM LENNOX

01/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title INTERIM VP, CFO  
Name DETUCCIO, JAMES  
Address 33701 STATE RD 52  
City-State-Zip: SAINT LEO FL 33574

Title SECRETARY  
Name KADDAOURI, THAMIR AJR  
Address PO BOX 6665  
MC 2246  
City-State-Zip: ST. LEO FL 33574

Title VC  
Name O'KEEFE, MARY  
Address PO BOX 6665  
MC 2246  
City-State-Zip: ST. LEO FL 33574

Title PRESIDENT  
Name LENNOX, DR. WILLIAM  
Address PO BOX 6665  
MC 2246  
City-State-Zip: ST. LEO FL 33574

Title CHAIRMAN  
Name MARY, O'KEEFE  
Address PO BOX 6665  
MC 2246  
City-State-Zip: ST. LEO 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:** JAMES DETUCCIO

INTERIM VP/CFO

01/12/2018

Electronic Signature of Signing Officer/Director Detail

Date