

2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00765

Entity Name: UNIVERSITY OF ST. FRANCIS CORPORATION**Current Principal Place of Business:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435**Current Mailing Address:**UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
JOLIET, IL 60435 US**FEI Number:** 36-2170999**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**URS AGENTS INC.
3458 LAKESHORE DR.
TALLAHASSEE, FL 32312 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 MALLOF, JOSEPH T
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name MCCARTHY, CHERYL
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title SECRETARY
Name JOHNSON, ARVID C. PHD
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title TREASURER
Name GARD, JULEE
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name HOLDMAN, SCOTT
Address UNIVERSITY OF ST. FRANCIS
 500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name HABIGER, DIANE F.
Address UNIVERSITY OF ST. FRANCIS
 500 N. WILCOX STREET
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Title DIRECTOR
Name LEWIS, JAMES B. FR.
Address UNIVERSITY OF ST. FRANCIS
 500 N. WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name WHEELER, PATRICIA S.
Address UNIVERSITY OF ST. FRANCIS
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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: ARVID C. JOHNSON**SECRETARY****04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROSEN, CANDICE
Address UNIVERSITY OF ST. FRANCIS
500 WILCOX STREET
City-State-Zip: JOLIET IL 60435

Title DIRECTOR
Name ERICKSON, ROBERT
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name PRZYBYLA, JOHN
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name ELLIS-BOWEN, IMAN
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name BESSETTE, SR. JEANNE
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name VOGEN, DAN
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name CANNON, TANISHA
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name GREEN, SHANE
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name KUBINSKI, APRIL
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name SHARP, BRIAN

Title DIRECTOR
Name BRUNO, SUE SR.
Address UNIVERSITY OF ST. FRANCIS
500 N. WILCOX STREET
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Title DIRECTOR
Name BRYANT, MICHAEL
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name BILY, MICHAEL
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name PATTERSON, VICTOR
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name HERNANDEZ, STEVEN
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name BARTOLINI, RACHEL
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name FISKE, JASON
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name SULLIVAN, KATIE
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name NAEGELE, SR. ROBERTA
Address UNIVERSITY OF ST. FRANCIS
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Title DIRECTOR
Name WARD, CHRIS II

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