

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009465

Entity Name: CANON UNIVERSITY INC.**Current Principal Place of Business:**6006 BEAU LANE
ORLANDO, FL 32808**Current Mailing Address:**P.O. BOX 580306
ORLANDO, FL 32858 US**FEI Number:** 59-3817170**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALFORD, HERBERT DR.
6006 BEAU LANE
ORLANDO, FL 32808 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:** HERBERT WALFORD

04/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name CARTER, EARL DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title DIRECTOR
Name GRANT, GARY DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title VP, DIRECTOR, SECRETARY
Name POWELL, KAREN DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title VP, SECRETARY
Name MILLER, TYRONE DR. DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title VP, TREASURER
Name WALFORD, HERBERT DR
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title DIRECTOR, SECRETARY
Name WHITE, ALTIMON
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title PRESIDENT
Name GAMMONS, PETER DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

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: DR HERBERT WALFORD

VP

04/09/2022

Electronic Signature of Signing Officer/Director Detail

Date