

**2019 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:**

MALAHOO, LEBERT PHD  
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: LEBERT MALAHOO PHD**

**04/27/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN  
Name            MALAHOO, LEBERT PHD  
Address        6006 BEAU LANE  
City-State-Zip: ORLANDO FL 32808

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

Title            VC  
Name            DELVALLE, EDDIE DR.  
Address        P.O. BOX 580306  
City-State-Zip: ORLANDO FL 32858

Title            SECRETARY, TREASURER  
Name            MALAHOO, KADIA RACHAEL  
                    DIRECTOR  
Address        6006 BEAU LANE  
City-State-Zip: ORLANDO FL 32808

Title            VP, SECRETARY  
Name            MALAHOO, PAULETTE M DR  
Address        6006 BEAU LANE  
City-State-Zip: ORLANDO FL 32808

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

Title            DIRECTOR, SECRETARY  
Name            POWELL, KAREN DR.  
Address        6006 BEAU LANE  
City-State-Zip: ORLANDO FL 32808

*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. LEBERT MALAHOO**

**PRESIDENT**

**04/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date