

2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

04/23/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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 DIRECTOR
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 VP
Name TRACY, VERONICA DR.
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

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

Title CHAIRMAN, DIRECTOR, EXECUTIVE SECRETARY
Name MALAHOO, LEBERT PHD
Address P.O. BOX 580306
City-State-Zip: ORLANDO FL 32858

Title TREASURER, VP
Name FORD-KERR, ANN-MARIE DR.
Address PO 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: LEBERT MALAHOO

CHAIRMAN

04/23/2022

Electronic Signature of Signing Officer/Director Detail

Date