

2018 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

03/06/2018

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 DIRECTOR
Name FLANIGAN, DOUGLAS 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 CLARKE, PAULETTE M DR
Address 159 EAST 29 STREET
City-State-Zip: BROOKLYN NY 11226

Title DIRECTOR
Name NEMETH, JAMES 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: LEBERT MALAHOO PHD

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail

Date