

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000008266

Entity Name: PROJECT CANIS, INC.**Current Principal Place of Business:**207 ARDEA WAY
TALLAHASSEE, FL 32312**Current Mailing Address:**4600 SW 34TH ST
#142621
GAINESVILLE, FL 32614 US**FEI Number:** 85-1194857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MILLER, PARIS
207 ARDEA WAY
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 EXECUTIVE DIRECTOR
Name MILLER, PARIS
Address 207 ARDEA WAY
City-State-Zip: TALLAHASSEE FL 32312

Title OPERATIONS MANAGER
Name LITVANOV, TEREZIE
Address 716 SW 16TH AVE
APT 207
City-State-Zip: GAINESVILLE FL 32601

Title OUTREACH COORDINATOR
Name ESTRADA, ISABELA
Address 5035 DEVON PARK DR
City-State-Zip: TAMPA FL 33647

Title PRESIDENT
Name MARTIN, HEATHER
Address 14 BENS WAY
City-State-Zip: FRANKLIN MA 02038

Title FINANCE MANAGER
Name WILTSIE, DREW
Address 509 LANDMARK DR
City-State-Zip: NAPLES FL 34112

Title MARKETING COORDINATOR
Name CARLSON, TAYLOR
Address 151 WESSEX DR
City-State-Zip: BONAIRE GA 31005

Title MARKETING COORDINATOR
Name WILLIAMS, CALLAN
Address 1826 OCEAN VILLAGE DR.
City-State-Zip: FERNANDINA BEACH FL 32034

Title BOARD MEMBER
Name OSAZE-ALLEN, PARIS
Address 5902 NW 25TH TERR
City-State-Zip: GAINESVILLE FL 32653

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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: PARIS MILLER**EXECUTIVE DIRECTOR****02/18/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name MACFALL, KATE
Address 1206 WALTON DR.
City-State-Zip: TALLAHASSEE FL 32312

Title VP
Name LAURELLO, CARA
Address 15 BENS WAY
City-State-Zip: FRANKLIN MA 02038

Title TREASURER
Name SANTAFERRARA, NICK
Address 6548 SAND LAKE SOUND RD
City-State-Zip: ORLANDO FL 32819

Title ASSOCIATE DIRECTOR
Name DAO, UYENCHI
Address 3330 NW 41ST AVE
City-State-Zip: GAINESVILLE FL 32605

Title BOARD MEMBER
Name CHERIE, FINE
Address 3126 NW 62ND TERRACE
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY
Name CRAWFORD, JEREMY
Address 611 N LUCIA AVE. #B
City-State-Zip: REDONDO BEACH CA 90277

Title COMMUNICATIONS COORDINATOR
Name RAJA, UMA
Address 310 NW 15TH STREET
APT 407
City-State-Zip: GAINESVILLE FL 32603