

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000100

Entity Name: LUCY O' CHARITY INCORPORATED

FILED
Jan 09, 2004
Secretary of State

Current Principal Place of Business:

1196 S. 800 E.
SALT LAKE CITY, UT 84105

New Principal Place of Business:

Current Mailing Address:

1196 S. 800 E.
SALT LAKE CITY, UT 84105

New Mailing Address:

FEI Number: 59-3223993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EZEALA, GLADYS
3734 ROCKBROOK DRIVE
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, RICHARD G MD
Address: 13711 WILHELM ROAD
City-St-Zip: DEFIANCE, OH 435128601

Title: CD () Delete
Name: NANDI, EVARISTA MD
Address: 807 N. WALNUT STREET
City-St-Zip: PAULDING, OH 45879

Title: D () Delete
Name: NWABUISI, MALACHY REV
Address: ROMAN CATHOLIC PRIEST/UNIVERSITY OF NIGERIA
City-St-Zip: NSUKKA NIGERIA, OC

Title: SD () Delete
Name: THOMAS, CHINERO CPA
Address: 30115 MERCHANTS CT
City-St-Zip: GREAT FALLS, VA 22066

Title: TD () Delete
Name: FARMER, PAM MD
Address: 1196 SOUTH 800 EAST
City-St-Zip: SALT LAKE CITY, UT 84105

Title: D () Delete
Name: ALLEN, VANESSA MD
Address: 1308 OLD CANNON RD
City-St-Zip: FORT WASHINGTON, MD 20744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAMELA FARMER, M.D.

TD

01/09/2004

Electronic Signature of Signing Officer or Director

Date