

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000100

FILED
Apr 27, 2008
Secretary of State

Entity Name: LUCY O' CHARITY INCORPORATED

Current Principal Place of Business:

270 FAIRBROOK DRIVE
HENDERSON, NV 89074

New Principal Place of Business:

Current Mailing Address:

270 FAIRBROOK DRIVE
HENDERSON, NV 89074

New Mailing Address:

FEI Number: 59-3223993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EZEALA, GLADYS
20060 NW 85 AVENUE
MIAMI, FL 33015 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: NNADI, EVARISTA MD
Address: 270 FAIRBROOK DRIVE
City-St-Zip: HENDERSON, NV 89074

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

Title: TD () Delete
Name: ADIELE, SHEILA MBA
Address: 7804 CLEARWOOD AVENUE
City-St-Zip: LAS VEGAS, NV 89123

Title: D () Delete
Name: FARMER, PAM MD
Address: 2581 PASEO NOCHE
City-St-Zip: CAMARILLO, CA 93012

Title: SD () 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
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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 exemption stated in Chapter 119, 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: EVARISTA C. NNADI, M.D.

CD

04/27/2008

Electronic Signature of Signing Officer or Director

Date