

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90202 016 \*\*\*\*\*61.25

**DOCUMENT # N94000000100**

1. Entity Name

**LUCY O' CHARITY INCORPORATED**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3223993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EZEALA, GLADYS  
3734 ROCKBROOK DRIVE  
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **SMITH, RICHARD G MD**  
STREET ADDRESS **13711 WILHELM ROAD**  
CITY-ST-ZIP **DEFIANCE OH 43512-8601**

TITLE **CD** ☐ Delete  
NAME **NANDI, EVARISTA MD**  
STREET ADDRESS **807 N. WALNUT STREET**  
CITY-ST-ZIP **PAULDING OH 45879**

TITLE **D** ☐ Delete  
NAME **NWABUISI, MALACHY REV**  
STREET ADDRESS **ROMAN CATHOLIC PRIEST/UNIVERSITY OF NIGERIA**  
CITY-ST-ZIP **NSUKKA NIGERIA**

TITLE **SD** ☐ Delete  
NAME **THOMAS, CHINERO CPA**  
STREET ADDRESS **30115 MERCHANTS CT**  
CITY-ST-ZIP **GREAT FALLS VA 22066**

TITLE **TD** ☐ Delete  
NAME **FARMER, PAM MD**  
STREET ADDRESS **1196 SOUTH 800 EAST**  
CITY-ST-ZIP **SALT LAKE CITY UT 84105**

TITLE **D** ☐ Delete  
NAME **ALLEN, VANESSA MD**  
STREET ADDRESS **1308 OLD CANNON RD**  
CITY-ST-ZIP **FORT WASHINGTON MD 20744**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pam Farmer* **Pam Farmer, MD 4-20-03 8014676388**

CR2E037 (10/02)