

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000100

**Entity Name:** LUCY O' CHARITY INCORPORATED**Current Principal Place of Business:**2311 PROMETHEUS COURT  
HENDERSON, NV 89074**Current Mailing Address:**2311 PROMETHEUS COURT  
HENDERSON, NV 89074 US**FEI Number:** 59-3223993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EZEALA, GLADYS  
20060 NW 85 AVENUE  
MIAMI, FL 33015 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	PD
Name	SMITH, RICHARD GMD
Address	13711 WILHELM ROAD
City-State-Zip:	DEFIANCE OH 43512-8601

Title	D
Name	NWABUISI, MALACHY REV
Address	ROMAN CATHOLIC PRIEST/UNIVERITY OF NIGERIA
City-State-Zip:	NSUKKA NIGERIA

Title	D
Name	FARMER, PAM MD
Address	1870 CHURCH ST
City-State-Zip:	SAN FRANCISCO CA 94131

Title	CD
Name	NNADI, EVARISTA MD
Address	2311 PROMETHEUS CT
City-State-Zip:	HENDERSON NV 89074

Title	TD
Name	ADIELE, SHEILA MBA
Address	7804 CLEARWOOD AVENUE
City-State-Zip:	LAS VEGAS NV 89123

Title	DIRECTOR
Name	NNADI, EUCHARIA E DR.
Address	2846 VIA TERRA ST
City-State-Zip:	HENDERSON NV 89074

*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:** EVARISTA C. NNADI, M.D**CHAIRMAN****03/29/2016**

Electronic Signature of Signing Officer/Director Detail

Date