2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90345 035 ****61.25

DOCUMENT # N94000000100

1. Entity Name

LUCY O' CHARITY INCORPORATED

Principal Place of Business	Mailing Address
807 N. WALNUT STREET PAULDING OH 45879	807 N. WALNUT STREET PAULDING OH 45879

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1196 S. 800 E.	1196 S. 800 E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SLC, UT	SLC, UT
City & State	City & State 84105
Zip 84105 / Country USA	Zip / Country USA

4. FEI Number 59-3223993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EZEALA, GLADYS 3734 ROCKBROOK DRIVE TALLAHASSEE FL 32311	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.

SIGNATURE Pamela L Farmer, MD Treasurer 4-15-02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, RICHARD G MD 13711 WILHELM ROAD DEFIANCE OH 43512-8601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NANDI, EVARISTA MD 807 N. WALNUT STREET PAULDING OH 45879	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWABUISI, MALACHY REV ROMAN CATHOLIC PRIEST/UNIVERITY OF NIGERIA NSUKKA NIGERIA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD THOMAS, CHINERO CPA 30115 MERCHANTS CT GREAT FALLS VA 22066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FARMER, PAM MD 1196 SOUTH 800 EAST SALT LAKE CITY UT 84105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALLEN, VANESSA MD 1308 OLD CANNON RD FORT WASHINGTON MD 20744	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: Pamela L Farmer REQUIRED 4-15-02 801-870-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date