2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# N94000000100

Entity Name: LUCY O' CHARITY INCORPORATED

Current Principal Place of Business:

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

New Principal Place of Business:

2581 PASEO NOCHE
CAMARILLO, CA 93012

Current Mailing Address:

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

New Mailing Address:

2581 PASEO NOCHE
CAMARILLO, CA 93012

FEI Number: 59-3223993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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/UNIVERITY 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:	CD	(X) Change ( ) Addition
Name:	NANDI, EVARISTA MD	
Address:	270 FAIRBROOK DRIVE	
City-St-Zip:	HENDERSON, NV 89074	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	FARMER, PAM MD	
Address:	2581 PASEO NOCHE	
City-St-Zip:	CAMARILLO, CA 93012	
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 L. FARMER, M.D. TREA 05/10/2005
Electronic Signature of Signing Officer or Director — Date