

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000100

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: LUCY O' CHARITY INCORPORATED

## Current Principal Place of Business:

2581 PASEO NOCHE  
CAMARILLO, CA 93012

## New Principal Place of Business:

270 FAIRBROOK DRIVE  
HENDERSON, NV 89074

## Current Mailing Address:

2581 PASEO NOCHE  
CAMARILLO, CA 93012

## New Mailing Address:

270 FAIRBROOK DRIVE  
HENDERSON, NV 89074

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:

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:

07/12/2006

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: 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: 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: 2581 PASEO NOCHE  
City-St-Zip: CAMARILLO, CA 93012

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:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: SD      (X) Change ( ) Addition  
Name: ALLEN, VANESSA MD  
Address: 1308 OLD CANNON RD  
City-St-Zip: FORT WASHINGTON, MD 20744

I hereby certify that the information supplied with this filing does not qualify for the 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: SHEILA ADIELE

TD

07/12/2006

Electronic Signature of Signing Officer or Director

Date