

2018 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 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

Title DIRECTOR, SECRETARY
Name OKOLO, AMANDA N DR.
Address 1000 W. WASHINGTON BLVD
#216
City-State-Zip: CHICAGO IL 60607

Title D
Name NWABUISI, MALACHY REV
Address ROMAN CATHOLIC
PRIEST/UNIVERSITY 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 DIRECTOR, VP
Name OKOLO, TRACY E DR.
Address 5110 WATERVIEW MEADOW DR
City-State-Zip: RICHMOND TX 77407

Title DIRECTOR, ASST. SECRETARY
Name NDUKWU, MUNACHIMSO L
Address 2311 PROMETHEUS CT
City-State-Zip: HENDERSON NV 89074

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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, MD**CHAIRMAN****04/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOLDEN, JACY
Address 3112 GRAND VIEW BLVD
City-State-Zip: LOS ANGELES CA 90066

Title DIRECTOR
Name AKAZIE, BRIDGET C
Address 8506 SOUTHMEADOW DRIVE
City-State-Zip: HOUSTON TX 77071

Title DIRECTOR
Name AKAZIE, ONOCHIE L DR.
Address 8506 SOUTHMEADOW DRIVE
City-State-Zip: HOUSTON TX 77071

Title DIRECTOR
Name LORD, UGONNE D DR.
Address 1724 N HIGHLAND AVE
#507
City-State-Zip: HOLLYWOOD CA 90028

Title DIRECTOR
Name OBODOZIE, LAURA DR.
Address 6222 SKYLINE DR
UNIT 34
City-State-Zip: HOUSTON TX 77057