2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
Secretary of State

DOCUMENT# N02000005364

Entity Name: ODESSA CHAMBLISS QUALITY OF LIFE FUND, INC.

Current Principal Place of Business:

6130 FOXFIELD CT.
WINDERMERE, FL 34786

New Principal Place of Business:

Current Mailing Address:

6130 FOXFIELD CT.
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 16-1615456 **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:

O'NEAL, LUCILLE
6130 FOXFIELD CT.
WINDERMERE, FL 34786 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: D ( ) Delete
Name: O'NEAL, ROY
Address: 374 E. CHELSEA ST
City-St-Zip: DELAND, FL 32724

Title: D ( ) Delete
Name: O'NEAL, LUCILLE
Address: 6130 FOXFIELD CT.
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete
Name: O'NEAL, VELMA
Address: 308 PLYMOUTH ROAD
City-St-Zip: NORTH BRUNSWICK, NJ 08902

Title: D ( ) Delete
Name: HAILES, VIVIAN
Address: 701 BARR STREET
City-St-Zip: LAKE CITY, SC 29560

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

I hereby certify that the information supplied with this filing does not qualify 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: MS. LUCILLE O;NEAL DIR. 06/26/2009
Electronic Signature of Signing Officer or Director — Date