2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000001105

1. Entity Name
CLUBCORP CHARITIES, INC.



Principal Place of Business

3030 LBJ FREEWAY, DALLAS, TX 75234

SIGNATURE:

Mailing Address 3030 LBJ FREEWAY, % TAX DEPT DALLAS, TX 75234 FILED
May 10, 2006 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

01232006 No Chg-NP CR2E037 (11/05)

 4. FEI Number
 Applied For

 75-2754798
 Not Applicable

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

		1				
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title # applicable (NOTE, Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finance Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS .		 	1,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORE, FRANK C 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWE, DOUGLAS T 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234			000000565365 05/20/06-80128-016 61.25		
NAME STREET ADDRESS CITY-ST-ZIP	S HENSLEE, THOMAS T 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSEY, JOHN M III 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained 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 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 addresse with all other like empowered.						

THOMAS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR