2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# N97000000549

Entity Name: COUNCIL OF CHURCH-BASED HEALTH PROGRAMS, INC.

Current Principal Place of Business:

2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2639 NORTH MONROE STREET
SUITE 118-B
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 59-3425955 **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:

GREGORY J. HARRIS
2639 NO. MONROE ST.
SUITE 118-B
TALLAHASSEE, FL 32303 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: SD ( ) Delete
Name: VARNER, ELEASE
Address: POST OFFICE BOX 367
City-St-Zip: CAMPBELLTON, FL 32426

Title: TD ( ) Delete
Name: LONG, EMMETT JR
Address: 3996 WINTERGREEN ROAD
City-St-Zip: GREENWOOD, FL 32443

Title: PCD ( ) Delete
Name: BELL, WILLIE E
Address: 707 SATSUMA AVE.
City-St-Zip: PANAMA CITY, FL 32401

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:

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: ELEASE VARNER SD 05/25/2006

Electronic Signature of Signing Officer or Director — Date