

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90023 045 ****61.25

DOCUMENT # F02000001105 1. Entity Name CLUBCORP CHARITIES, INC.					
Principal Place of Business 3030 LBJ FREEWAY, DALLAS, TX 75234			Mailing Address 3030 LBJ FREEWAY, % TAX DEPT DALLAS, TX 75234		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-2754798	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORE, FRANK C 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWE, DOUGLAS T 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENSLEE, THOMAS T 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASSEY, JOHN M III 3030 LBJ FREEWAY, SUITE 700 DALLAS, TX 75234	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify 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 address, with all other like empowered.					
SIGNATURE: <u><i>Douglas Howe</i></u> DOUGLAS HOWE <u>02/01/07</u> <u>972.243.6191</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					