2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N99000003262 01-26-2006 90028 010 ****61.25 1. Entity Name CHRISTIAN CLUBHOUSE MINISTRIES, INC. Mailing Address Principal Place of Business 116 WINDHAM AVE. S.E. FT. WALTON BEACH FL 32548 116 WINDHAM AVE. S.E. FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-3596096 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOUNT, EZRA D Street Address (P.O. Box Number is Not Acceptable) 322 GRÉEN ACRES RD FORT WALTON BEACH FL 32547 City 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete ☐ Addition TITLE TITLE MOUNT, EZRA D NAME NAME STREET ADDRESS 322 GREEN ACRES RD. STREET ADDRESS FT, WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP DTS Change DTS Delete TITLE ☐ Addition TITLE MOUNT, ALICE F NAME NAME HARRISON, THOMAS D. 322 GREEN ACRES ROAD STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH, FL. ☐ Addition TITLE TITLE ☐ Defete NAME ROSE, JESSE W JR STREET ADDRESS 709 EMERALD BAY DR STREET ADDRESS DESTIN FL 32541-5815 CITY-ST-ZIP CITY-ST-ZIP Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: EMA D, MOUNT EZRAD, MOUNT

19 JAP. 2006 850-642-0005

FILED

Jan 26, 2006 8:00 am