

1.) CORPORATION NAME:

WILLIAMSBURG CHRISTIAN RETREAT ASSOCIATION

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT W BRISCOE
WILLIAMSBURG CHRISTIAN RETREAT ASSOCIATION
9275 BARNES ROAD**

SCC ID NO: **02576528**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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TOANO, VA 23168

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

JAMES CITY COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9275 BARNES ROAD

CITY/ST/ZIP: TOANO, VA 23168

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JOSEPH LONGACHER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1502 CHAUNCEY LANE		
CITY/ST/ZIP/CO:	RICHMOND, VA 23238		
NAME:	ROBERT W BRISCOE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	9241 A BARNES RD		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	JEFFREY DEEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8 ROLLINGWOOD PLACE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23606		
NAME:	JAMES HULSEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8226 ELLERSON GREEN PLACE		
CITY/ST/ZIP/CO:	MECHANICSVILLE, VA 23116		
NAME:	LAVONNE W LEHMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8831 RICHMOND ROAD		
CITY/ST/ZIP/CO:	TOANO, VA 23168		
NAME:	VALERIE WERMUTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13116 AUBURN MILL LANE		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23059		

NAME: SHAWN D MANNING TITLE: DIRECTOR ADDRESS: 3316 NEWLAND COURT CITY/ST/ZIP/CO: TOANO, VA 23168	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL STOLTZFUS TITLE: DIRECTOR ADDRESS: 1048 COLLEGE AVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TWILA BRUNK TITLE: DIRECTOR ADDRESS: 5420 RIVERVIEW ROAD CITY/ST/ZIP/CO: WILLIAMSBURG, VA 23188	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GLEN STOLTZFUS TITLE: DIRECTOR ADDRESS: 981 SUMMIT AVE CITY/ST/ZIP/CO: HARRISONBURG, VA 22802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ ROBERT W BRISCOE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ROBERT W BRISCOE, ASST SEC PRINTED NAME AND CORPORATE TITLE	6/14/2012 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		