

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000054428

1. Entity Name

A WELCOME RETREAT CAMPUS, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90046 021 ***150.00

Principal Place of Business

10518 FORT GEORGE RD
JACKSONVILLE FL 32226
US

Mailing Address

10518 FORT GEORGE RD
~~JACKSONVILLE FL 32226-2442~~
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2426

Suite, Apt. #, etc.

Orange Park

City & State

Orange Park, FL

Zip

Country

32067

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3368383

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAUDRY, CHARLES L JR
10518 FORT GEORGE RD
JACKSONVILLE FL 32226

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BY	<input type="checkbox"/> Delete
NAME	MUYRES, DAVID	
STREET ADDRESS	10518 FORT GEORGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	PSD S.T.D.	<input type="checkbox"/> Delete
NAME	GAUDRY, CHARLES	
STREET ADDRESS	10518 FORT GEORGE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KNIGHT, ROBERT	
STREET ADDRESS	10518 FORT GEORGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VAN WINKEL, ROBERT	
STREET ADDRESS	10518 FORT GEORGE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32226	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director, President,	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director, T. S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David M. Mays REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2000

Date

(904) 269 8050

Daytime Phone #

CR2E034 (9/99)