

SCC eFile
(6/10)

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

210501875

1.) CORPORATION NAME:

SAFE HARBOR

DUE DATE: **10/29/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

KEVIN J BUCKLEY

RIVERFRONT PLAZA EAST TOWER

951 E BYRD ST

SCC ID NO: **05101530**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

RICHMOND, VA 23219-4074

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 17996

CITY/ST/ZIP: RICHMOND, VA 23226-

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.

OFFICER

DIRECTOR

NAME: TERRY SHERMAN
TITLE: TREASURER
ADDRESS: 10321 AVENHAM WAY
CITY/ST/ZIP/CO: RICHMOND, VA 23233-

OFFICER

DIRECTOR

NAME: CATHERINE HILL
TITLE: VICE PRESIDENT
ADDRESS: 4206 BROMLEY LANE
CITY/ST/ZIP/CO: RICHMOND, VA 23221-

OFFICER

DIRECTOR

NAME: KAREN BUCHANAN
TITLE: PRESIDENT
ADDRESS: 1149 LEES CROSSING COURT
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-

OFFICER

DIRECTOR

NAME: FRANCINE BARR
TITLE: DIRECTOR
ADDRESS: 5235 DRYSTACK LANE
CITY/ST/ZIP/CO: GLEN ALLEN, VA 23059-

OFFICER

DIRECTOR

NAME: ELLIS BAGGS
TITLE: SECRETARY
ADDRESS: 10105 WALTHAM DRIVE
CITY/ST/ZIP/CO: RICHMOND, VA 23238-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAY CONGDON DIRECTOR 100 MANAKIN PARKE DR. MANAKIN-SABOT, VA 23103-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY GOODEN DIRECTOR 1124 SPIREA RD RICHMOND, VA 23236-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANGELA HAYES DIRECTOR 2006 BREMO RD SUITE 201 RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARGARET GUTIERREZ-LEAVELLE DIRECTOR 9454 DEER STREAM DR MECHANICSVILLE, VA 23116-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA MORRIS DIRECTOR 510 HENRY CLAY RD ASHLAND, VA 23005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APRIL NIAMTU DIRECTOR 10230 CHEROKEE RD RICHMOND, VA 23235-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAISY PRIDGEN DIRECTOR 13806 ROCKPORT LANDING RD MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY SANCHEZ DIRECTOR 2006 BREMO RD SUITE 201 RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLAIRE SHEPPARD DIRECTOR 6 SWANEE COURT ASHLAND, VA 23005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIMBERLY SKIBA DIRECTOR 10107-B PALACE WAY RICHMOND, VA 23238-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: SUSAN THWEATT TITLE: DIRECTOR ADDRESS: 6515 MONUMENT AVE CITY/ST/ZIP/CO: RICHMOND, VA 23226-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: MICHAEL WRISTON TITLE: DIRECTOR ADDRESS: 2130 GALLOWAY TERRACE CITY/ST/ZIP/CO: MIDLOTHIAN, VA 23113-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KAREN BUCHANAN	KAREN BUCHANAN, PRESIDENT	9/14/2010
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.