

1.) CORPORATION NAME:

Rockbridge Area Habitat for Humanity, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**LYNN L LEECH
30 E. PRESTON STREET
LEXINGTON, VA 24450**

SCC ID NO: **05973029**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

LEXINGTON CITY (FILED IN ROCKBRIDGE COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 E. PRESTON ST.
PO BOX 1596

CITY/ST/ZIP: LEXINGTON, VA 24450

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:	NICK CHARLES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	110 MCDOWELL ST		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	JIM KVACH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	41 SACK RD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	LINDA WILDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR		
ADDRESS:	725 POSSUM HOLLOW RD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	LYNN L LEECH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC DIRECTOR		
ADDRESS:	30 E. PRESTON ST.		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		
NAME:	THOM GILL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIR		
ADDRESS:	100 GREAT OAK LANE		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450, US,US		
NAME:	JIM NAYLOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	85 THOMAS ROAD		
CITY/ST/ZIP/CO:	LEXINGTON, VA 24450		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	REV. PAUL CARTER DIRECTOR 60 SHANER HILL DRIVE LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHAWNA CHENEY DIRECTOR 323 MOHLER'S LOOP LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN DOANE DIRECTOR 514 S. MAIN STREET LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA ELLISON DIRECTOR 343 CYPRESS AVE. BUENA VISTA, VA 24416	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GRIST DIRECTOR 457 E. NELSON STREET LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN HARRISON DIRECTOR 1002 SHENANDOAH RD. LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEATHER MARION DIRECTOR 907 SUNSET DRIVE LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDY MCLAUGHLIN DIRECTOR 76 BRIAR PATCH LANE RAPHAINE, VA 24472	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE MEADS DIRECTOR 103 KYGERS HILL RD. LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BUCKEY MILLER DIRECTOR 11 FULLER ST. LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VALERIE MOLITERNO DIRECTOR 523 JACKSON AVE. LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JERRY NAY TITLE: DIRECTOR ADDRESS: 406 JACKSON AVE. CITY/ST/ZIP/CO: LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BILL OLIVER TITLE: DIRECTOR ADDRESS: 131 STUART RD. CITY/ST/ZIP/CO: FAIRFIELD, VA 24435	<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/ LYNN L LEECH	LYNN L LEECH, EXEC DIRECTOR	3/28/2012
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.