

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214514070

1.) CORPORATION NAME:

Rockbridge Area Habitat for Humanity, Inc.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **05973029**

5.) STOCK INFORMATION

CLASS AUTHORIZED

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.

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | NICK CHARLES | | | | |
| TITLE: | CO-TREASURER | | | | |
| ADDRESS: | 110 MCDOWELL ST | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | THOM GILL | | | | |
| TITLE: | CHAIRMAN | | | | |
| ADDRESS: | 100 GREAT OAK LANE | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

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|-----------------|---------------------|-------------------------------------|---------|--------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME: | LYNN L LEECH | | | | |
| TITLE: | EXEC DIRECTOR | | | | |
| ADDRESS: | 30 E PRESTON ST D | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | JIM NAYLOR | | | | |
| TITLE: | VICE CHAIRMAN | | | | |
| ADDRESS: | 85 THOMAS RD | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | VALERIE MOLITERNO | | | | |
| TITLE: | CO-TREASURER | | | | |
| ADDRESS: | 523 JACKSON AVE | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

| | | | | | |
|-----------------|---------------------|-------------------------------------|---------|-------------------------------------|----------|
| | | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: | JOANNE PERETTI | | | | |
| TITLE: | SECRETARY | | | | |
| ADDRESS: | 428 MORNINGSIDE DR | | | | |
| CITY/ST/ZIP/CO: | LEXINGTON, VA 24450 | | | | |

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 | 3/18/2014 |
| 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. | | |