

1.) CORPORATION NAME:

NAVY SAFE HARBOR FOUNDATION

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CHRISTIAN C DECKER
3631 RANSOM PLACE
ALEXANDRIA, VA**

SCC ID NO: **06974265**

5.) STOCK INFORMATION

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

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1619 King Street

CITY/ST/ZIP: Alexandria, VA 22314

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:	Christopher Cole	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Jeffery Hathaway	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Charlene Huggins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Louis Crenshaw	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Camilla Route	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Gerard Mauer	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1416 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

NAME:	Joseph Wade	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Michael Shelton	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Patricia Kelley	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Laura Martinez	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Frank Graham	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Christian Decker	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Marvin Wells	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	James Amerault	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EMERITUS CHAIR		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Cindy Zhang	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Cameron Watkins	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	OPERATIONS		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		
NAME:	Tom Gordy	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	RESOURCES		
ADDRESS:	1619 King Street		
CITY/ST/ZIP/CO:	Alexandria, VA 22314		

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/ Christopher Cole	Christopher Cole, PRESIDENT	6/3/2013
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.		