


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 01 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000002453 (9)**

**1. Corporation Name**  
**CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE I NC.**



<b>Principal Place of Business</b> 119 ROWELL COURT P. O. BOX 6806 FALLS CHURCH VA 22040	<b>Mailing Address</b> 119 ROWELL COURT P. O. BOX 6806 FALLS CHURCH VA 22040
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<b>3. Date Incorporated or Qualified</b> 05/25/1993
<b>4. FEI Number</b> 52-1219489
<b>Applied For</b> <input type="checkbox"/> Not Applicable

<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b> 150 S. Washington St	<b>26</b> P. O. Box 6806
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> Suite # 300	
City & State	City & State
<b>23</b> Falls Church, VA	<b>28</b> Falls Church, VA
Zip	Zip
<b>24</b> 22046	<b>29</b> 22040
Country	Country
<b>25</b>	<b>30</b>

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
RUHL, SUZI 1115 NORTH GADSEN TALLAHASSEE FL 32303-6327	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>FL</b> <b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, MURRAY	1.2 NAME	Stephen Lester
STREET ADDRESS	74 COLONIAL CIRCLE	1.3 STREET ADDRESS	150 S. Washington St., Suite#300
CITY-ST-ZIP	BUFFALO NY 14213	1.4 CITY-ST-ZIP	Falls Church, VA 22046
TITLE	DVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KENNETH	2.2 NAME	
STREET ADDRESS	125 SUNSET DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ITHACA NY 14850	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHL, SUZI	3.2 NAME	
STREET ADDRESS	1115 NORTH GADSEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303-6327	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, ROSE	4.2 NAME	
STREET ADDRESS	7051 W. BOPP ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TUSCON AZ 85748	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBS, LOIS MARIE	5.2 NAME	
STREET ADDRESS	7311 HUGHES COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA 22046	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, HOLLY	6.2 NAME	
STREET ADDRESS	12679 MARCUM COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA 22033	6.4 CITY-ST-ZIP	

**14.** 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 annual report or supplemental annual 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Suzanne M. [Signature]* **DATE:** April 24, 1998

CR2E037 (10/97)