FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002453

1. Corporation Name

CENTER FOR HEALTH ENVIRONMENT AND JUSTICE I

Principal Place of Business 150 S. WASHINGTON ST SUITE 300 FALLS CHURCH VA 22046 Mailing Address
P O BOX 6806
FALLS CHURCH VA 22040

FILED
Jan 26, 1999 8:00am
Secretary of State

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2. Principal	Principal Place of Business 2a. Mailing Address 26					3. Date Incorporated or Qualifed 05/25/1993				
Suite, Ap	t. #, etc.	Suite, Apt. #, etc.					4. FEI Number		I A	pplied For
22		27					52-1219489			ot Applicable
City & Sta	City & State City & State 28						5. Certifcate of Status Desir	ed 🗌	¥ •	Additional equired
Zip	Country	Zip	Co	untry			6. Election Campaign Finan	cina —	\$5.00	May Be
24	25	29	30			- 1	Trust Fund Contribution	~a 🗆		to Fees
	9. Name and Address of Current	Registered Agent		L	,		10. Name and Address of N	ew Registered		
1115 NC	UZI PRTH GADSEN ASSEE FL 32303-6327	Alaman San San San San San San San San San S	,	81 82 83			s (P.O. Box Number is Not Ac	ceptable)		
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	Carter Courses			84	City		• .	FI		Code
11. Pursuan	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligati	of Florida. Such change was ons of, Section 617.0503, F	authorize Iorida Sta	ed by tutes.	the corpo	oration's	board of directors. I hereby	r the purpose of accept the appo	f changing its	registered
12.	Signature, typed or printed name of registered agent OFFICERS ANI		TE: Registere 13.		t signature re	required who	en reinstating)	DATE	NO DIDECT	200 111 40
TITLE	DC OFFICERS AND	DELETE			1	T	ADDITIONS/CHANGES TO	OFFICERS AF		
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CITY-ST-ZIP	FALLS CHURCH VA 22046	<u> </u>	4.4 0	ITY-ST	-ZIP		14. 2	1.4	Property Control	
TITLE	P CIERCAL CICAL AND IN	DELETE	5.1 TI		- 1			•	☐ Change	☐ Addition
NAME	GIBBS, LOIS MARIE		5.2 N							
STREET ADDRESS	1 1/2/				ADDRESS					
CITY-ST-ZIP	FALLS CHURCH VA 22046			TY-ST	ZIP	· .				
TITLE	Survey and the second	☐ DELETE	6.1 TI	TLE	T		All the second s		☐ Change	☐ Addition
NAME	GIBSON, HOLLY		6.2 N	AME			Agricon Constitution			
STREET ADDRESS	12679 MARCUM COURT		6.3 S	TREET	ADDRESS					}
CITY-ST-ZIP	FAIRFAX VA 22033		6.4 CI	TY-ST-	ZIP					

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 35 if changed, or on an effectment with an address, with all other like empowered.

SIGNATURE SIGNATURE SIGNATURE AND TOPETOR DEPOTED HAME OF SIGNATURE OF SIGNATURE AND TOPETORS

1/4/99 Date

Daytime Phone #

CD2E037 (44/08)