


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # F93000002453	
1. Entity Name CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE INC.	

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



01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1219489	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RUHL, SUZI
1114 THOMASVILLE RD STE E
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LEVINE, MURRAY 74 COLONIAL CIRCLE BUFFALO, NY 14213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC KENNY, LUELLA 2947 FIX RD GRAND ISLAND, NY 14213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUHL, SUZI 757 DERBYSHIRE ROAD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTER, STEPHEN 150 S WASHINGTON ST., SUITE 300 FALLS CHURCH, VA 22046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, LOIS MARIE 7311 HUGHES COURT FALLS CHURCH, VA 22046
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, HOLLY 22046 CURTIS MILL LANE RICHARDSVILLE, VA 22736

**DO NOT WRITE
IN THIS SPACE**

012505-80107-006 61.25

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lois M. Gibbs Lois M. Gibbs 703 237 2249 x 11
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #