


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90189 003 \*\*\*\*61.25

<b>DOCUMENT # F93000002453</b>					
<b>1. Entity Name</b> CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE INC.					
<b>Principal Place of Business</b> 150 S. WASHINGTON ST SUITE 300 FALLS CHURCH, VA 22046 US			<b>Mailing Address</b> P O BOX 6806 FALLS CHURCH, VA 22040 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 52-1219489	
Zip		Country		Zip	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LUDDER, DAVID 1114 THOMASVILLE RD STE E TALLAHASSEE, FL 32303				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 9150 Mc Dougal Court City Tallahassee, FL Zip Code 32312-4208	
<b>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.</b>					
SIGNATURE <u>N/A</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>N/A</u>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ALONZO, SPENCER <input type="checkbox"/> Delete 1233 PENNSYLVANIA AVENUE EAST LIVERPOOL, OH 43920				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR KENNY, LUELLA <input type="checkbox"/> Delete 2947 FIX RD GRAND ISLAND, NY 14213				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC RUHL, SUZI <input type="checkbox"/> Delete 21 VAWAGO AVENUE BRANFORD, CT 06405				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LESTER, STEPHEN <input type="checkbox"/> Delete 150 S WASHINGTON ST., SUITE 300 FALLS CHURCH, VA 22046				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, LOIS MARIE <input type="checkbox"/> Delete 7311 HUGHES COURT FALLS CHURCH, VA 22046				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIBSON, HOLLY <input type="checkbox"/> Delete 22046 CURTIS MILL LANE RICHARDSVILLE, VA 22736				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Lois H. Gibbs</u> <b>Lois H. Gibbs, President</b> 4/10/07 703 237-2249 x11					