

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
52-1219489

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUDDER, DAVID
9150 MCDOUGAL COURT
TALLAHASSEE, FL 32312-4208**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	ALONZO, SPENCER
STREET ADDRESS	1233 PENNSYLVANIA AVENUE
CITY-ST-ZIP	EAST LIVERPOOL, OH 43920
TITLE	DIR
NAME	KENNY, LUELLA
STREET ADDRESS	2947 FIX RD
CITY-ST-ZIP	GRAND ISLAND, NY 14213
TITLE	DVC
NAME	RUHL, SUZI
STREET ADDRESS	21 VAWAGO AVENUE
CITY-ST-ZIP	BRANFORD, CT 06405
TITLE	T
NAME	LESTER, STEPHEN
STREET ADDRESS	150 S WASHINGTON ST., SUITE 300
CITY-ST-ZIP	FALLS CHURCH, VA 22046
TITLE	P
NAME	GIBBS, LOIS MARIE
STREET ADDRESS	7311 HUGHES COURT
CITY-ST-ZIP	FALLS CHURCH, VA 22046
TITLE	S
NAME	GIBSON, HOLLY
STREET ADDRESS	22046 CURTIS MILL LANE
CITY-ST-ZIP	RICHARDSVILLE, VA 22736

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08/04/08-80009-006 61.25

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois M. Gibbs

7/30/08

703 237-2249

Date

Daytime Phone #

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