


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F93000002453</b> 1. Entity Name <b>CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE INC.</b>	
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**FILED**  
**Aug 04, 2008 08:00 AM**  
**Secretary of State**

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>
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07162008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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

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

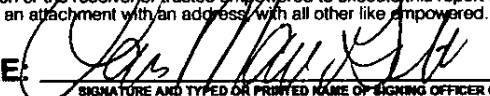
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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:**  **Lois M. Gibbs** **7/30/08** **703 237-2249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #