

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002453

FILED
Apr 02, 2009
Secretary of State

Entity Name: CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE INC.

Current Principal Place of Business:

150 S. WASHINGTON ST
SUITE 300
FALLS CHURCH, VA 22046 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 6806
FALLS CHURCH, VA 22040 US

New Mailing Address:

FEI Number: 52-1219489 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LUDDER, DAVID
9150 MCDUGAL COURT
TALLAHASSEE, FL 323124208 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: ALONZO, SPENCER
Address: 1233 PENNSYLVANIA AVENUE
City-St-Zip: EAST LIVERPOOL, OH 43920

Title: DIR () Delete
Name: KENNY, LUELLA
Address: 2947 FIX RD
City-St-Zip: GRAND ISLAND, NY 14213

Title: DVC () Delete
Name: RUHL, SUZI
Address: 21 VAWAGO AVENUE
City-St-Zip: BRANFORD, CT 06405

Title: T () Delete
Name: LESTER, STEPHEN
Address: 150 S WASHINGTON ST., SUITE 300
City-St-Zip: FALLS CHURCH, VA 22046

Title: P () Delete
Name: GIBBS, LOIS MARIE
Address: 7311 HUGHES COURT
City-St-Zip: FALLS CHURCH, VA 22046

Title: S () Delete
Name: GIBSON, HOLLY
Address: 22046 CURTIS MILL LANE
City-St-Zip: RICHARDSVILLE, VA 22736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOIS M. GIBBS

PRES

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date