


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90995 044 \*\*\*\*61.25

**DOCUMENT # F93000002453**

1. Entity Name  
**CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE I NC.**



Principal Place of Business      Mailing Address

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

**P O BOX 6806  
FALLS CHURCH VA 22040  
US**

**11022756**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number **52-1219489**      Applied For  
Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name ~~Ruhl, Suzi~~  
Street Address (P.O. Box Number is Not Acceptable)  
~~757 Derbyshire Road~~  
City ~~Tallahassee~~      FL      Zip Code ~~32312~~

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: *Lois Marie Bibbs*      DATE

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	LEVINE, MURRAY	
STREET ADDRESS	74 COLONIAL CIRCLE	
CITY-ST-ZIP	BUFFALO NY 14213	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	KENNY, LUELLA	
STREET ADDRESS	2947 FIX RD	
CITY-ST-ZIP	GRAND ISLAND NY 14213	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUHL, SUZI	
STREET ADDRESS	1114 THOMASVILLE RD STE E	
CITY-ST-ZIP	TALLAHASSEE FL 32303-6290	
TITLE	T	<input type="checkbox"/> Delete
NAME	LESTER, STEPHEN	
STREET ADDRESS	150 S WASHINGTON ST., SUITE 300	
CITY-ST-ZIP	FALLS CHURCH VA 22046	
TITLE	P	<input type="checkbox"/> Delete
NAME	GIBBS, LOIS MARIE	
STREET ADDRESS	7311 HUGHES COURT	
CITY-ST-ZIP	FALLS CHURCH VA 22046	
TITLE	S	<input type="checkbox"/> Delete
NAME	GIBSON, HOLLY	
STREET ADDRESS	12679 MARCUM COURT	
CITY-ST-ZIP	FAIRFAX VA 22033	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruhl, Suzi	
STREET ADDRESS	757-Derbyshire Road	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Marie Bibbs*      DATE: *(903) 237-2249*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/02)