DOCUMENT# F93000002453
Entity Name: CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE INC.

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

**Current Principal Place of Business:** 

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

## **Current Mailing Address:**

P O BOX 6806 FALLS CHURCH, VA 22040 US

# FEI Number: 52-1219489

### Name and Address of Current Registered Agent:

LUDDER, DAVID 9150 MCDOUGAL COURT TALLAHASSEE, FL 32312-4208 US Certificate of Status Desired: No

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

#### **Officer/Director Detail :**

Title	DC	Title	DIR
Name	ALONZO, SPENCER	Name	KENNY, LUELLA
Address	1233 PENNSYLVANIA AVENUE	Address	2947 FIX RD
City-State-Zip:	EAST LIVERPOOL OH 43920	City-State-Zip:	GRAND ISLAND NY 14213
Title	VC	Title	т
Name	SESSA, PETER	Name	LESTER, STEPHEN
Address	ASST. PROFESSOR, NORTHEASTERN	Address	150 S WASHINGTON ST., SUITE 300
	UNIVERSITY 321 WINCHESTER STREET	City-State-Zip:	FALLS CHURCH VA 22046
City-State-Zip:	NEWTON MA 02461	Title	S
Title	Р	Name	GIBSON, HOLLY
Name	GIBBS, LOIS MARIE	Address	22046 CURTIS MILL LANE
Address	7311 HUGHES COURT	City-State-Zip:	RICHARDSVILLE VA 22736
City-State-Zip:	FALLS CHURCH VA 22046		

I hereby 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 all other like empowered.

## SIGNATURE: LOIS MARIE GIBBS

PRESIDENT

03/26/2013

Electronic Signature of Signing Officer/Director Detail

Date