## 2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002453

Entity Name: CCHW CENTER FOR HEALTH ENVIRONMENT AND JUSTICE

INC.

Apr 14, 2014 Secretary of State CC0864571883

**FILED** 

## **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 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

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

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:

Officer/Director Detail:

Title DC Title DIR

Electronic Signature of Registered Agent

NameALONZO, SPENCERNameKENNY, LUELLAAddress1233 PENNSYLVANIA AVENUEAddress2947 FIX RD

City-State-Zip: EAST LIVERPOOL OH 43920 City-State-Zip: GRAND ISLAND NY 14213

Title VC Title T

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 P 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

SIGNATURE: LOIS MARIE GIBBS

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.

Date