

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 16 PM 3:14

DOCUMENT # P31634 (9)

1. Corporation Name

CHILDREN AWAITING PARENTS, INC.

Principal Place of Business

Mailing Address

700 EXCHANGE ST.  
ROCHESTER NY 14608

700 EXCHANGE ST.  
ROCHESTER NY 14608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/19/1990</b>	3a. Date of Last Report <b>08/04/1994</b>
4. FEI Number <b>16-1047933</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

REID, CHRISTINE  
851 BILLSBOROUGH ROAD  
GENEVA FL 32732

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	V
NAME	PARKER, JOYCE
STREET ADDRESS	267 MULBERRY ST.
CITY - ST - ZIP	ROCHESTER NY
TITLE	P
NAME	SPEARS, REV. ROBERT
STREET ADDRESS	40 DOUGLAS RD.
CITY - ST - ZIP	ROCHESTER NY
TITLE	T
NAME	ENSMAN, RICHARD
STREET ADDRESS	184 AUTUMN CHAPEL WAY
CITY - ST - ZIP	ROCHESTER NY
TITLE	MD
NAME	SOULE, MARGARET
STREET ADDRESS	700 EXCHANGE ST.
CITY - ST - ZIP	ROCHESTER NY
TITLE	D
NAME	BLAKE, ROBERT W
STREET ADDRESS	242 W. MAIN ST.
CITY - ST - ZIP	ROCHESTER NY
TITLE	D
NAME	ELY, MICHELE
STREET ADDRESS	222 WESTMINSTER RD
CITY - ST - ZIP	ROCHESTER NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Peggy Soule*

*Peggy Soule*

1/17/95

716/292-5110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.