

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P31634 1. Entity Name CHILDREN AWAITING PARENTS, INC.	
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Principal Place of Business 595 BLOSSOM ROAD ROCHESTER, NY 14610 US	Mailing Address 595 BLOSSOM ROAD ROCHESTER, NY 14610 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 16-1047933	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, DENITA
 4413 S SEMORAN BLVD 5
 ORLANDO, FL 32822

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IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2004

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

000000016314
 01/28/04-80051-004 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELY, MICHELLE 444 RIVER HEIGHTS ROCHESTER, NY 14612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINK, MARY JANE 10 DRAKE ST ROCHESTER, NY 14605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENSMAN, RICHARD 184 AUTUMN CHAPEL WAY ROCHESTER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALONE, ELLEN 107 DELAWARE BUFFALO, NY 14202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, JOYCE 99 GARNSEY ROAD PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXD SCALZO, ELLEN 595 BLOSSOM ROAD ROCHESTER, NY 14610

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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: Ellen R. Scalzo, Ellen R. Scalzo 1/18/04 (585) 232-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #