


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90094 031 ****61.25

DOCUMENT # P31634					
1. Entity Name CHILDREN AWAITING PARENTS, INC.					
Principal Place of Business 595 BLOSSOM ROAD ROCHESTER, NY 14610 US		Mailing Address 595 BLOSSOM ROAD ROCHESTER, NY 14610 US		50022570	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 16-1047933 Applied For 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			7. Name and Address of New Registered Agent Name Corporate Creations Network, Inc. Street Address (P.O. Box Number is Not Acceptable) 11380 Prosperity Farms Rd., #221E City Palm Beach Gardens FL Zip Code 33410		
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 <i>Heather Momay</i>		Asst. Secretary		3/1/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELY, MICHELLE		NAME		
STREET ADDRESS	444 RIVER HEIGHTS		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14612		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINK, MARY JANE		NAME	Link, Mary Jane	
STREET ADDRESS	10 DRAKE ST		STREET ADDRESS	10 Woodstock Lane	
CITY-ST-ZIP	ROCHESTER, NY 14605		CITY-ST-ZIP	Pittsford, NY 14534	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENSMAN, RICHARD		NAME	Rahmlow, James W.	
STREET ADDRESS	184 AUTUMN CHAPEL WAY		STREET ADDRESS	36 Kirby Trail	
CITY-ST-ZIP	ROCHESTER, NY		CITY-ST-ZIP	Fairport, NY 14450	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE, ELLEN		NAME	Sassano, Barbara H.	
STREET ADDRESS	107 DELAWARE		STREET ADDRESS	42 Sunrise Park	
CITY-ST-ZIP	BUFFALO, NY 14202		CITY-ST-ZIP	Pittsford, NY 14534	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, JOYCE		NAME		
STREET ADDRESS	99 GARNSEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	PITTSFORD, NY 14534		CITY-ST-ZIP		
TITLE	EXD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALZO, ELLEN		NAME		
STREET ADDRESS	595 BLOSSOM ROAD		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14610		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: <i>Ellen R Scalzo</i>		Ellen R. Scalzo		2/10/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	