


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90048 015 ****61.25

DOCUMENT # P31634					
1. Entity Name CHILDREN AWAITING PARENTS, INC.					
Principal Place of Business 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610 US			Mailing Address 595 BLOSSOM ROAD SUITE 306 ROCHESTER, NY 14610 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02072007 Chg-NP CR2E037 (12/06)	
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			7. Name and Address of New Registered Agent		
CORPORATE CREATION NETWORK, INC 11380 PROSPERITY FARMS RD # 221 E PALM BEACH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	EXD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINK, MARY JANE		NAME	Link, Maryjane	
STREET ADDRESS	10 WOODSTOCK LANE		STREET ADDRESS	595 Blossom Road	
CITY-ST-ZIP	PITTSFORD, NY 14534		CITY-ST-ZIP	Rochester, NY 14610	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAHMLOW, JAMES W		NAME		
STREET ADDRESS	36 KIRBY TRAIL		STREET ADDRESS		
CITY-ST-ZIP	FAIRPORT, NY 14450		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SESSANO, BARBARA H		NAME	Sassano, Barbara H	
STREET ADDRESS	42 SUNRISE PARK		STREET ADDRESS	42 Sunrise Park	
CITY-ST-ZIP	PITTSFORD, NY 14534		CITY-ST-ZIP	Pittsford, NY 14534	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, JOYCE		NAME	Claxton, Bonny	
STREET ADDRESS	99 GARNSEY ROAD		STREET ADDRESS	1795 Highland Avenue	
CITY-ST-ZIP	PITTSFORD, NY 14534		CITY-ST-ZIP	Rochester, NY 14618	
TITLE	EXD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALZO, ELLEN		NAME	Ensmann, Richard G.	
STREET ADDRESS	595 BLOSSOM ROAD		STREET ADDRESS	47 Brookview Road	
CITY-ST-ZIP	ROCHESTER, NY 14610		CITY-ST-ZIP	Rochester, NY 14624	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Maryjane K. Link</i>			Date: <i>2/22/07</i> Daytime Phone #: <i>585-232-5110</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<i>Maryjane K. Link</i>					