


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

| | | |
|--|--|---|
| 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 | |



02182008 No Chg-NP CR2E037 (4/06)

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|---|---------------------------------------|
| 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

CORPORATE CREATION NETWORK, INC
 11380 PROSPERITY FARMS RD
 # 221 E
 PALM BEACH GARDENS, FL 33410

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008

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

| 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 | ED LINK, MARY JANE 595 BLOSSOM RD ROCHESTER, NY 14610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T RAHMLow, JAMES W 36 KIRBY TRAIL FAIRPORT, NY 14450 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SESSANO, BARBARA H 42 SUNRISE PARK PITTSFORD, NY 14534 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CLAXTON, BONNY 1795 HIGHLAND AVE ROCHESTER, NY 14618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ENSMAN, ROBERT G 47 BROOKVIEW RD ROCHESTER, NY 14624 |

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 03/18/08-80032-002 61.25

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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: Maryjane K. Link 2/19/08 585-232-5110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #