

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P31634 (9)

1. Corporation Name
CHILDREN AWAITING PARENTS, INC.



Principal Place of Business: **700 EXCHANGE ST. ROCHESTER NY 14608**
Mailing Address: **700 EXCHANGE ST. ROCHESTER NY 14608**

3. Date Incorporated or Qualified: **09/19/1990**
3a. Date of Last Report: **02/16/1995**

2. Principal Place of Business: **21 700 Exchange St.**
22 Suite, Apt. #, etc.
23 City & State: **Rochester, NY 14608**
24 Zip: **14608**
25 Country
2a. Mailing Address: **26 700 Exchange St.**
27 Suite, Apt. #, etc.
28 City & State: **Rochester, NY 14608**
29 Zip: **14608**
30 Country

4. FEI Number: **16-1047933**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**REID, CHRISTINE
851 BILLSBOROUGH ROAD
GENEVA FL 32732**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL**
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peggy Sub* **1/17/96** **716/232-5110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)