

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P31634

**FILED  
Mar 19, 2014  
Secretary of State  
CC2158392977**

**Entity Name:** CHILDREN AWAITING PARENTS, INC.

**Current Principal Place of Business:**

274 N. GOODMAN STREET  
SUITE D-103  
ROCHESTER, NY 14607

**Current Mailing Address:**

274 N. GOODMAN STREET  
SUITE D-103  
ROCHESTER, NY 14607 US

**FEI Number:** 16-1047933

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            DICKSON, DARYL  
Address        274 N. GOODMAN STREET  
                 SUITE D-103  
City-State-Zip: ROCHESTER NY 14607

Title            SEC  
Name            REYNELL, MATTHEW  
Address        274 N. GOODMAN STREET  
                 SUITE D-103  
City-State-Zip: ROCHESTER NY 14607

Title            T  
Name            NELKIN, BILL  
Address        17 STONELEIGH TRAIL  
City-State-Zip: VICTOR NY 14564

Title            VP  
Name            MISSAL-SHANNON, LARRY  
Address        171 KLINK ROAD  
City-State-Zip: ROCHESTER NY 14625

Title            ED  
Name            BURKS, PATRICIA  
Address        274 N. GOODMAN STREET  
                 SUITE D-103  
City-State-Zip: ROCHESTER NY 14607

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA BURKS

**EXECUTIVE DIRECTOR**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date