


FILE NOW: FILING FEE IS \$61.25

FILED

**May 15 1998 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number
16-1047933

Applied For
 Not Applicable

| | |
|--|--|
| 21. Principal Place of Business Suite, Apt. #, etc. | 22. Mailing Address Suite, Apt. #, etc. |
| 23. City & State | 24. City & State |
| 25. Zip Country | 26. Zip Country |

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | V <input type="checkbox"/> DELETE | 1.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARKER, JOYCE | 1.2 NAME | |
| STREET ADDRESS | 267 MULBERRY ST. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 1.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SPEARS, REV. ROBERT | 2.2 NAME | FRANCES MARY |
| STREET ADDRESS | 40 DOUGLAS RD. | 2.3 STREET ADDRESS | 80 NUNDA BLVD |
| CITY-ST-ZIP | ROCHESTER NY | 2.4 CITY-ST-ZIP | ROCHESTER NY 14610 |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENSMAN, RICHARD | 3.2 NAME | |
| STREET ADDRESS | 184 AUTUMN CHAPEL WAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BLAKE, ROBERT W | 4.2 NAME | |
| STREET ADDRESS | 242 W. MAIN ST. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELY, MICHELE | 5.2 NAME | |
| STREET ADDRESS | 222 WESTMINSTER RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ROCHESTER NY | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. 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 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: _____ DATE: **4/12/98**

CR2E037 (10/97)