

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0069035

DOCUMENT # P31634

1. Entity Name

CHILDREN AWAITING PARENTS, INC.

02-08-2001 90160 030 ****70.00

Principal Place of Business

Mailing Address

700 EXCHANGE ST.
 ROCHESTER NY 14608

700 EXCHANGE ST.
 ROCHESTER NY 14608

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

16-1047933

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAMS, DENITA
1500 E JOHNSON AVE #102
PENSACOLA FL 32514

7. Name and Address of New Registered Agent

Name
Denita Pimental-Williams
 Street Address (P.O. Box Number is Not Acceptable)
4413 S. Semoran Blvd #5
Orlando, FL 32822
 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.

SIGNATURE Denita Pimental-Williams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/2/01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	ELY, MICHELLE	
STREET ADDRESS	444 RIVER HEIGHTS	
CITY-ST-ZIP	ROCHESTER NY 14612	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUNTER, ROBERT W	
STREET ADDRESS	10 DRAKE ST	
CITY-ST-ZIP	ROCHESTER NY 14605	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENSMAN, RICHARD	
STREET ADDRESS	184 AUTUMN CHAPEL WAY	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARX, FRANCES	
STREET ADDRESS	80 NUNDA BLVD	
CITY-ST-ZIP	ROCHESTER NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARKER, JOYCE	
STREET ADDRESS	1330 E MAIN ST	
CITY-ST-ZIP	ROCHESTER NY 14604	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: [Signature] **QUEENANTIE Director 2/5/01 716-232-5110**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)