

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90019 014 \*\*\*\*61.25

UBR144

**DOCUMENT # P31634**

1. Entity Name

**CHILDREN AWAITING PARENTS, INC.**

Principal Place of Business

Mailing Address

~~700 EXCHANGE ST.~~  
~~ROCHESTER NY 14608~~

~~700 EXCHANGE ST.~~  
~~ROCHESTER NY 14608~~

2. Principal Place of Business

**595 Blossom Rd.**

3. Mailing Address

**595 Blossom Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Rochester, NY**

City & State

**Rochester, NY**

4. FEI Number

**16-1047933**

Applied For

Not Applicable

Zip

Country

**14610**

Zip

Country

**14610**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WILLIAMS, DENITA~~  
**4413 S SEMORAN BLVD 5**  
**ORLANDO FL 32822**

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ELY, MICHELLE</b>	
STREET ADDRESS	<b>444 RIVER HEIGHTS</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14612</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HUNTER, ROBERT W</b>	
STREET ADDRESS	<b>10 DRAKE ST</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14605</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ENSMAN, RICHARD</b>	
STREET ADDRESS	<b>184 AUTUMN CHAPEL WAY</b>	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARX, FRANCES</b>	
STREET ADDRESS	<b>80 NUNDA BLVD</b>	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARKER, JOYCE</b>	
STREET ADDRESS	<b>1330 E MAIN ST</b>	
CITY-ST-ZIP	<b>ROCHESTER NY 14604</b>	
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	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Link, MaryJane</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Malone Ellen</b>	
STREET ADDRESS	<b>107 Delaware</b>	
CITY-ST-ZIP	<b>Buffalo, NY 14202</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>99 Garnsey Rd.</b>	
CITY-ST-ZIP	<b>Pittsford, NY 14534</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EXEC. DIR. Ellen Scalzo</b>	
STREET ADDRESS	<b>595 Blossom Rd.</b>	
CITY-ST-ZIP	<b>Rochester, NY 14610</b>	

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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Executive Director*  
 Date

**1/31/02**  
 Daytime Phone # **585-232-5110**

CR2E037 (9/01)