

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 AM 7: 25

DOCUMENT # **P33026** (6)
1. Corporation Name
POINTS OF LIGHT FOUNDATION "INCORPORATED"

Principal Place of Business Mailing Address
1737 H STREET, N.W. 1737 H STREET, N.W.
WASHINGTON DC 20006 WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/05/1991** 3a. Date of Last Report **03/10/1994**
4. FBI Number **65-0206641** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
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 607.0502 and 607.1508, 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 607.0505, 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	CD	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, RAYMOND G.	12 NAME	
STREET ADDRESS	310 SOUTH STREET	13 STREET ADDRESS	
CITY - ST - ZIP	MORRISTOWN NJ	14 CITY - ST - ZIP	
TITLE	CD	21 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MUNRO, J. RICHARD	22 NAME	JOSEPH DIAMOND
STREET ADDRESS	300 1ST STAMFORD PLACE	23 STREET ADDRESS	919 THIRD AVENUE
CITY - ST - ZIP	STAMFORD CT	24 CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, MARIAN	32 NAME	
STREET ADDRESS	736 JACKSON PLACE	33 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKERS, JOHN F.	42 NAME	
STREET ADDRESS	OLD ORCHARD ROAD	43 STREET ADDRESS	
CITY - ST - ZIP	ARMONK NJ	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	ADD V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD F. SCHUBERT	52 NAME	ROBERT K. GODWIN
STREET ADDRESS	1737 H STREET, N.W.	53 STREET ADDRESS	1737 H STREET, NW
CITY - ST - ZIP	WASHINGTON DC 20006	54 CITY - ST - ZIP	WASHINGTON, DC 20006
TITLE	D	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, RED ELK	62 NAME	
STREET ADDRESS	1315 E. 24TH STREET	63 STREET ADDRESS	
CITY - ST - ZIP	MINNEAPOLIS MN	64 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: Robert K. Godwin **ROBERT K. GODWIN** 3/21/95 (302)228-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Ink) (Type in Box)