

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P33026 (6)

1. Corporation Name
POINTS OF LIGHT FOUNDATION "INCORPORATED"



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

3. Date Incorporated or Qualified: 03/05/1991
3a. Date of Last Report: 03/29/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number 65-0206641	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required	
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New 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

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	D CHAMBERS, RAYMOND G. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	310 SOUTH STREET	1.2 NAME	
STREET ADDRESS	MORRISTOWN NJ	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S DIAMOND, JOSEPH <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	919 THIRD AVENUE	2.2 NAME	
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	900 THIRD AVENUE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NEW YORK, NY 10022
TITLE	D HEARD, MARIAN <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	736 JACKSON PLACE	3.2 NAME	
STREET ADDRESS	WASHINGTON DC	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	D AKERS, JOHN F. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLD ORCHARD ROAD	4.2 NAME	D ALBERTHAL, LESTER M
STREET ADDRESS	ARMONK NJ	4.3 STREET ADDRESS	5400 LEGACY DRIVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	PLANO, TX 75024
TITLE	V GODDWIN, ROBERT K <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1737H STREET, NW	5.2 NAME	PRESIDENT GODDWIN, ROBERT K
STREET ADDRESS	WASHINGTON DC	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	D GARDNER, EDWARD L
STREET ADDRESS		6.3 STREET ADDRESS	411 THEODORE FREMONT AVENUE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	RYE, NY 10580

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 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K Goodwin, ROBERT K. GODDWIN 0/20/96 (202) 223-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)