FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P33026

(6)

POINTS OF LIGHT FOUNDATION "INCORPORATED"

POINTS	OF LIGHT FOUNDATION	I INCOM CHAILD							
Principal Place	e of Business	Mailing Address				T LOGRIDAY ING ANNO ANNI BUILL IZUID ANNI BYONI DIBNY DII	ill oleit ole		
1737 H STREET WASHINGTON (1737 H STREET, N.W WASHINGTON DC 20006				3. Date Incorporated or Qualified 03/05/1991 4. FEI Number Applied For			
						65-0206641	<u> </u>	t Applicable	
· ·	ace of Business	2a. Mailing Address				5. Certificate of Status Desired		Additional	
Suite, Apt. :	# etc	Suite Ant # etc	Suite, Apt. #, etc.			Fee Required 6. Election Campaign Financing \$5.00 May Be			
22	, O.O.	27				Trust Fund Contribution Added to Fees			
City & State	3	City & State	 			7. Is this nonprofit corporation a homeowners as ociation?			
Zip	Country	Zip Country				8. This corporation owes or has paid the current year Intangible			
24	25	29	30			Personal Property Tax due June 30.	es 🗌] No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Age	<u>nt</u>		
				81	Name				
CT CORPORATION SYSTEM				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324				83					
PENALVIOLATE 33024			84 City			8	5 Zip (Code	
				-		FLi	l '		
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.									
_	m familiar with, and accept the oblig	gations or, Section 617.0503, F	iorida Stat	utes	*-				
SIGNATURE _	Signature, typed or printed name of registered as	gent and title if applicable. (NC	TE Registered	i Age	nt signature req	quired when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND DI			
TITLE	D DELETE			1.1 TITLE 1.2 NAME		L	Change	Addition	
NAME STREET ADDRESS	CHAMBERS, RAYMOND G. 310 SOUTH STREET		1.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	MORRISTOWN NJ		1.4 CITY-ST-ZIP						
TITLE	S DELETE			2 1 TITLE			Change	Addition	
NAME	DIAMOND, JOSEPH		22 NAME		1				
STREET ADDRESS	900 THIRD AVENUE		2 3 STREET /		1				
CITY-ST-ZIP TITLE	NEW YORK NY D	N NY DELETE			ST - ZIP		Change	Addition	
NAME	HEARD, MARIAN	_			1	_	•		
STREET ADDRESS	736 JACKSON PLACE		3.3 S1	REET	ADDRESS				
CITY-ST-ZIP	WASHIGNTON DC		3.4. C	ITY - S	ST-ZIP				
TITLE	0	☐ DELETE	4.1 TITLE			Ц	Change	☐ Addition	
NAME	ALBERTHAL, LESTER M.		4. 2 N						
STREET ADDRESS	5400 LEGACY DRIVE				ADDRESS				
CITY-ST-ZIP	PLANO TX	☐ DELETE	4.4 CI 5.1 TI		1- ZIP		Change	Addition	
TITLE NAME	GOODWIN, ROBERT K.		5.2 NAME		1		•		
STREET ADORESS	1737H STREET, NW				ADDRESS				
CITY-ST-ZIP	WASHINGTON DC		5.4 CITY		.T-71P				
TITLE	D	DELETE	6.1 TI	TLE			Change	Addition	
NAME	Gardner, Edward L.		6.2 N/	ME					
STREET ADDRESS	411 THEODORE FREMD AV	E.	6.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP	RYE NY	50 At 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.4 CI			in Continue 440 07/20/2) Florida Continue 1 Eastern and	that the	information	
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.									

COSUNT K GOOD WW / ROBERT K. GOODWIN 4/29/78 (202)223-9186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFDER OR DIRECTOR

Despire Printe 1 0077411