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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P33026

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Points of Light Foundation	26	Points of Light Foundation	03/05/1991	
Suite, Apt. # 400 Eye Street, NW Suite 800		Suite, Apt. # 400 Eye Street, NW Suite 800		4. FEI Number	
Washington, DC 20005		Washington, DC 20005		65-0206641	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
Zip Country		Zip Country		\$8.75 Additional Fee Required	
24		25		29	
23		28		30	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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			
				85 Zip Code			
				FL			

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, RAYMOND G.	1.2 NAME	
STREET ADDRESS	310 SOUTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAMOND, JOSEPH	2.2 NAME	1675 Broadway
STREET ADDRESS	900 THIRD AVENUE	2.3 STREET ADDRESS	24th Floor
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10019
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEARD, MARIAN	3.2 NAME	
STREET ADDRESS	736 JACKSON PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTHAL, LESTER M.	4.2 NAME	
STREET ADDRESS	5400 LEGACY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODWIN, ROBERT K.	5.2 NAME	Points of Light Foundation
STREET ADDRESS	1737H STREET, NW	5.3 STREET ADDRESS	1400 Eye Street, NW Suite 800
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	Washington, DC 20005
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, EDWARD L.	6.2 NAME	
STREET ADDRESS	411 THEODORE FREMD AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 2021 729-8000 Daytime Phone #

CR2E037 (11/98)