NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P33026



04 JAN -2 AM II: 23

1. Entity Name	e	-					
POINTS	OF LIGHT FOUND	ATTON "INCORRE	2n ie		SECRETARY OF TALLAHASSEE. (STATE FLORIDA	
	OO NOT WRITE	IN THIS SP	ACE		REINSTATOM		
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	ace of Business 7 Styret NW	3. Mailing Address	# >		01/02/0401051	005 **61.25	
1400 Suite, Apt. 4 # 80	#, etc.	Scine as Suite, Apt. #, etc.	~ J-	·	DO NOT WRITE IN	THIS SPACE	
City & State		City & State			4. FEI Number	Applied For	
Wastin	GTON, A C	·			65-0206641	Not Applicable	
2 000	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
-	ing and the same		سعة التعدد		Name and Address of Current Reg	stered Agent	
				Name CT CORPORATION SYSTEM			
DO NOT WRITE			Street A	Street Address (P.O. Box Number is Not Acceptable)			
Salah	N THIS CO		120	∞ S	PINE ISLAND	COAS	
	IN THIS SP	ACE					
			City	0.00	ration1	FL Zip Code	
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the obligati	fiamed entity submits this statement for ions of registered agent.	the purpose of changing its i	egistered bride o	я register	ed agent, or both, in the state of Florida.	ram ramiliar with, and accept	
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O'ON ATURE	[V-/-/-/	THE MAN PERSON NAMED OF THE PARTY OF THE PAR					
SIGNATURE .	Signature, typed or printed name of registered agent a	and title it applicable. (NOTE:	Registered Agent signa	iture i equired	when reinstaling)	DATE	
		- , .	4 35 6 3				
Andrew Salarian Salar	FEE IS \$61:25	9. Election Cam Trust Fund C	paign Financing	. п		Check Payable to	
1986年	Initial or Amended UBR	Trust Fulld O	OHMBUROH.		Added to Fees Florida C	Pepartment of State	
10.	OFFICERS AND DIF	RECTORS				The same of the sa	
TITLE	PRESIDENT & LEC		*TITLE: 3	1		(
NAME	ROBERT K GOODWIN	(A)	NAME				
STREET ADDRESS	1400 I STREET OW	800	STREET ADDRÉSS				
CITY-ST-ZIP	WASHINGTON, DC &	1000 S	CITY-ST-ZIP				
TITLE	TREASURER	i	TITLE '	1 1/2	•	N. T. J.	
NAME STORET ADDRESS	DOUGLAS GLEDHILL		NAME	1	* /		
STREET ADDRESS CITY-ST-ZIP	1400 I STREET NW# 8 WASHINGTON DC DO		STREET ADDRESS CITY: ST-ZIP				
TITLE -	SECRETARY	<i></i>	FIIILE		e contamo de la contamo de		
NAME	ALLE STEPH		NAME	, ,			
STREET ADDRESS	1675 BROADWAY 24th	EL.	STREET ADDRESS	ļ	DO NOT W		
CITY-ST-ZIP	NEW YORK NY 1001	19	CITY-ST-ZIP		DO NOT W	KIIE	
TITLE	DIRECTOR		ŢĬŢĹĔ		IN THIS SE	MOE	
NAME	RAYMOND G. CHAMBERS		NAME		IN THIS SE		
STREET ADDRESS	310 SOUTH STREET			4	· · · · · · · · · · · · · · · · · · ·	705	
CITY-ST-ZIP			STREET ADDRESS	1			
U. Z.II	MORRIS TOWN, NJ		STREET ADDRESS CITY-ST-ZIP	ļ		AGL	
TITLE	MORRIS TOWN, NJ DIRECTOR		CITY-ST-ZIP	-		7	
TITLE NAME	MORRIS TOWN, NJ DIRECTOR EDWARD L. GARDNE	R .	CITY-ST-ZIP TITLE NAME			7	
TITLE	TORRIS TOWN, NJ DIRECTOR EDWARD L. GARDNED UN THEODORE FREMD	R .	CITY-ST-ZIP	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORRIS TOWN, NJ DIRECTOR EDWARD L. GARDNE	R .	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MORRIS TOWN, NJ DIRECTOR EDWARD L. GARDNER UII THEOLORE FREMD RYE NY DIVECTORY Marian Heard 245 Summer Street	R AVE et 14th Floor	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MORRIS TOWN, NJ DIRECTOR EDWARD L. GARDNER UN THEODORE FREMD RYE NY Divector Traign. Heard	R AVE et 14th Floor	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				

12. Thereby 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 on an attachment with an address, with all other like empowered. SIGNATURE: 1/2

Laceard Culone SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-19-03

Daytime Phone #



1400 I Street, NW Suite 800 Washington, DC 20005-6526

PHONE 202-729-8000 FAX 202-729-8100 www.PointsofLight.org

December 19, 2003

Division Of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am addressing this letter to let you know that our organization never received the two prior uniform business report notices. We are applying for reinstatement and asking the fee to be waived since we never received the notices. I thank you in advance for your time and cooperation in this matter.

Sincerely,

Koudedia Sissoko