

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90007 008 \*\*\*\*61.25

**DOCUMENT # P33026**  
 1. Entity Name  
**POINTS OF LIGHT FOUNDATION "INCORPORATED"**



Principal Place of Business  
**1400 EYE ST., N.W., STE. 800**  
**WASHINGTON, DC 20005**

Mailing Address  
**1400 EYE ST., N.W., STE. 800**  
**WASHINGTON, DC 20005**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07092004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0206641**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 E. PARK AVENUE**  
**TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO GOODWIN, <del>RAYMOND</del> <b>ROBERT K.</b> 1400 EYE ST., N.W., STE. 800 WASHINGTON, DC 20005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLEDHILL, DOUGLAS 1400 EYE ST., N.W., STE. 800 WASHINGTON, DC 20005	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, CHARLES 1675 BROADWAY 24TH FL NEW YORK, NY 10019	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, RAYMOND 310 SOUTH STREET MPRRIS TOWN, NJ	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARDNER, RAYMOND 411 THEODORE <del>STREET</del> <b>FREMONT AVENUE</b> RYE, NY <b>10580</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARD, MARIAN 245 SUMMER STREET 14TH FLOOR BOSTON, MA 02210	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. RICHARD MURRO 109 JACQUITH ROAD LANDGROVE, VT 05148	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **2/09/2004** **202-729-8000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #