

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 04, 2006
Secretary of State**

DOCUMENT# P33026

Entity Name: POINTS OF LIGHT FOUNDATION "INCORPORATED"

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0206641 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: GOODWIN, ROBERT K
Address: 1400 EYE ST., N.W., STE. 800
City-St-Zip: WASHINGTON, DC 20005

Title: T () Delete
Name: GLEDHILL, DOUGLAS
Address: 1400 EYE ST., N.W., STE. 800
City-St-Zip: WASHINGTON, DC 20005

Title: D () Delete
Name: BERRY, CHARLES
Address: 399 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: MUNRO, J. RICHARD
Address: 109 JACQUITH ROAD
City-St-Zip: LONDONDERRY, VT 05148

Title: D () Delete
Name: GARDNER, EDWARD L
Address: 411 THEODORE FREMD AVENUE
City-St-Zip: RYE, NY 10580

Title: D () Delete
Name: HEARD, MARIAN
Address: 695 ATLANTIC AVENUE, 8TH FLOOR
City-St-Zip: BOSTON, MA 02111

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL A ALFA

C

04/04/2006

Electronic Signature of Signing Officer or Director

_____ Date