## 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33026

Entity Name: POINTS OF LIGHT FOUNDATION "INCORPORATED"

**FILED** Apr 29, 2021 **Secretary of State** 6532138311CC

## **Current Principal Place of Business:**

600 MEANS STREET SUITE 210 ATLANTA, GA 30318

## **Current Mailing Address:**

600 MEANS STREET SUITE 210 ATLANTA GA 30318

FEI Number: 65-0206641 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Address

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

**PRESIDENT** Title Title **SECRETARY** 

PAQUIN, NATALYE Name Name MOLONEY, MEGHAN

> 600 MEANS STREET Address 600 MEANS STREET SUITE 210 SUITE 210

ATLANTA GA 30318 ATLANTA GA 30318 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **DIRECTOR** 

Name BUSH, NEIL Name BULLARD, MARCIA

50 BRIAR HOLLOW LANE, SUITE 200E 5404 GALENA PLACE NW Address Address

City-State-Zip: WASHINGTON DC 20016 City-State-Zip: HOUSTON TX 77027

Title **TREASURER** 

Title **DIRECTOR** HERRERA, ROBERT E Name COLLINS, JAMES Name

**600 MEANS STREET** Address 60 RIVERSIDE BLVD Address

**SUITE 210** 

**APT 1706** 

City-State-Zip: ATLANTA GA 30318 NEW YORK NY 10069 City-State-Zip:

I hereby 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 all other like empowered.