

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33026

**FILED**  
**Jan 23, 2015**  
**Secretary of State**  
**CC8937719195**

**Entity Name:** POINTS OF LIGHT FOUNDATION "INCORPORATED"

**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  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HOOVER, TRACY  
Address        600 MEANS STREET  
                  SUITE 210  
City-State-Zip: ATLANTA GA 30318

Title            TREASURER  
Name            PATRICK, MONIQUE  
Address        600 MEANS STREET  
                  SUITE 210  
City-State-Zip: ATLANTA GA 30318

Title            DIRECTOR  
Name            BULLARD, MARCIA  
Address        5404 GALENA PLACE, NW  
City-State-Zip: WASHINGTON DC 20016

Title            DIRECTOR  
Name            BUSH, NEIL  
Address        50 BRIAR HOLLOW LANE, SUITE 200E  
City-State-Zip: HOUSTON TX 77027

Title            DIRECTOR  
Name            CHAMBERS, RAYMOND  
Address        310 SOUTH STREET, 4TH FLOOR  
City-State-Zip: MORRISTOWN, NJ 07960

Title            DIRECTOR  
Name            CALDWELL, KYLE  
Address        503 S. SAGINAW STREET  
                  SUITE 1200  
City-State-Zip: FLINT MI 48502

*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.*

**SIGNATURE:** MONIQUE PATRICK

**TREASURER**

**01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date