2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004
Secretary of State

DOCUMENT# N03000008929

Entity Name: JUNE HIRSCH JONES FAMILY FOUNDATION, INC.

Current Principal Place of Business:

3120 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

3120 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, JUNE H
3120 SOUTH OCEAN BOULEVARD
PALM BEACH, FL 33480

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: D ( ) Delete
Name: JONES, JUNE H
Address: 3120 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: BALLEN, IRVING W ESQ.
Address: 260 MADISON AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: D ( ) Delete
Name: JONES, JOSEPH H
Address: 3120 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition
Name: JONES, JUNE H
Address: 3120 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

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

Title: DST (X) Change ( ) Addition
Name: JONES, JOSEPH H
Address: 3120 SOUTH OCEAN BOULEVARD
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUNEH. JONES DP 07/14/2004

Electronic Signature of Signing Officer or Director — Date