

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000008929**

1. Entity Name  
**JUNE HIRSCH JONES FOUNDATION, INC.**



Principal Place of Business  
**3120 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**

Mailing Address  
**3120 SOUTH OCEAN BOULEVARD  
PALM BEACH, FL 33480**



08222006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000576527  
09/08/06 00002-011 61.25  
DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D, P
NAME	JONES, JUNE H
STREET ADDRESS	3120 SOUTH OCEAN BOULEVARD
CITY - ST - ZIP	PALM BEACH, FL 33480

TITLE	D
NAME	BALLEN, IRVING W ESQ.
STREET ADDRESS	260 MADISON AVENUE
CITY - ST - ZIP	NEW YORK, NY 10016

TITLE	DST
NAME	JONES, JOSEPH H
STREET ADDRESS	3120 SOUTH OCEAN BOULEVARD
CITY - ST - ZIP	PALM BEACH, FL 33480

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/5/06  
Date

(561)  
1691-5054  
Daytime Phone #