

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90014 027 ****61.25

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**

2. Principal Place of Business - No P.O. Box #
3316 DEVONSHIRE WAY

3. Mailing Address
3316 DEVONSHIRE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07262007 Chg-NP CR2E037 (12/06)

City & State
PALM BEACH GARDENS, FL

City & State
PALM BEACH GARDENS, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
33418-6880

Country
PALM BEACH

Zip
33418-6880

Country
PALM BEACH

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
JONES, JUNE H

Street Address (P.O. Box Number is Not Acceptable)
3316 DEVONSHIRE WAY

City
PALM BEACH GARDENS

FL

Zip Code
33418-6880

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)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.P
JONES, JUNE H
3316 DEVONSHIRE WAY
PALM BEACH GARDENS, FL 33418-6880** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
JONES, JOSEPH H
3316 DEVONSHIRE WAY
PALM BEACH GARDENS, FL 33418-6880** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

June H. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/07 (561)691-5054

Date Daytime Phone #