

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 812549

1. Entity Name
THE BASSETT FOUNDATION INC.,



Principal Place of Business
2601 S. BAYSHORE DR.
PH 1-A
COCONUT GROVE, FL 33133 US

Mailing Address
2601 S. BAYSHORE DR.
PH 1-A
COCONUT GROVE, FL 33133 US



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6151038

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASSETT, FLORENCE S
1 GROVE ISLE DRIVE, #801
COCONUT GROVE, FL 33133

**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 renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BASSETT, PATRICK G
STREET ADDRESS	2670 WOOLSEY LN.
CITY - ST - ZIP	WAYZATA, MN
TITLE	PE
NAME	BASSETT, FLORENCE S
STREET ADDRESS	1 GROVE ISLE DR 801
CITY - ST - ZIP	COCONUT GROVE, FL
TITLE	VD
NAME	BASSETT, HARRY H JR
STREET ADDRESS	10825 SW 60 AVE
CITY - ST - ZIP	PINECREST, FL 33156
TITLE	VD
NAME	BASSETT, GEORGE R
STREET ADDRESS	3416 ALHAMBRA CIRCLE
CITY - ST - ZIP	CORAL GABLES, FL
TITLE	ST
NAME	POORMAN, PAULA D
STREET ADDRESS	2601 SOUTH BAYSHORE DR. (PH-1A)
CITY - ST - ZIP	COCONUT GROVE, FL 33133
TITLE	AST
NAME	ALTON, LINDA
STREET ADDRESS	2601 SOUTH BAYSHORE DR. (PH-1A)
CITY - ST - ZIP	COCONUT GROVE, FL 33133

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01/13/04-80036-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Paula D. Poorman Paula D. Poorman, Secretary/Treasurer 305/860-0485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 2004

Daytime Phone #