

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 812549**

1. Entity Name  
**THE BASSETT FOUNDATION INC.,**



Principal Place of Business  
**2601 S BAYSHORE DR  
PH1-A  
COCONUT GROVE, FL 33133 US**

Mailing Address  
**2601 S BAYSHORE DR  
PH1-A  
COCONUT GROVE, FL 33133 US**



01042005 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**

**BASSET, 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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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01/07/05-80015-011 61.25

**DO NOT WRITE  
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.

*Paula D. Poorman*

**Paula D. Poorman, Secretary/Treasurer**

**1/5/05 305/860-0485**

Signature and typed or printed name of signing officer or director Date Daytime Phone