

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 17, 2006 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

DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

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

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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, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BASSETT, PATRICK G  
2670 WOOLSEY LN.  
WAYZATA, MN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PE  
BASSETT, FLORENCE S  
1 GROVE ISLE DR 801  
COCONUT GROVE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BASSETT, HARRY H JR  
10825 SW 60 AVE  
PINECREST, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
BASSETT, GEORGE R  
3416 ALHAMBRA CIRCLE  
CORAL GABLES, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
POORMAN, PAULA D  
2601 SOUTH BAYSHORE DR. (PH-1A)  
COCONUT GROVE, FL 33133

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AST  
ALTON, LINDA  
2601 SOUTH BAYSHORE DR. (PH-1A)  
COCONUT GROVE, FL 33133

U00000389836  
01/23/06-80005-009 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

*Paula D. Poorman*

Paula D. Poorman, Secretary/Treasurer 1/12/06 305/860-0485