

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 812549

1. Entity Name
THE BASSETT FOUNDATION INC.,



Principal Place of Business

**2601 S BAYSHORE DR
FH1-A
COCONUT GROVE, FL 33133 US**

Mailing Address

**2601 S BAYSHORE DR
FH1-A
COCONUT GROVE, FL 33133 US**



01042007 No Chg-NP

CR2E037 (4/06)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

1100000586801
01/16/07-80059-015 61.25

**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.

Paula H. Poorman
Secretary/Treasurer