

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 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
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01032008 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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

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 01/18/08-80037-015 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 if changed, or on an attachment with an address, with all other like empowered.

Paula D. Poorman

Paula D. Poorman

1/4/08 305/860-0485

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