

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812549

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE BASSETT FOUNDATION INC.,

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-6151038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BASSETT, PATRICK G,
Address: 2670 WOOLSEY LN.
City-St-Zip: WAYZATA, MN

Title: PE () Delete
Name: BASSETT, FLORENCE S
Address: 1 GROVE ISLE DR 801
City-St-Zip: COCONUT GROVE, FL

Title: VD () Delete
Name: BASSETT, HARRY H JR,
Address: 10825 SW 60 AVE
City-St-Zip: PINECREST, FL 33156

Title: VD (X) Delete
Name: BASSETT, GEORGE R,
Address: 3416 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL

Title: ST () Delete
Name: POORMAN, PAULA D,
Address: 2601 SOUTH BAYSHORE DR. (PH-1A)
City-St-Zip: COCONUT GROVE, FL 33133

Title: AST () Delete
Name: ALTON, LINDA
Address: 2601 SOUTH BAYSHORE DR. (PH-1A)
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA ALTON

AST

02/26/2009

Electronic Signature of Signing Officer or Director

Date