

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90008 045 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000009868

1. Entity Name
ACUMEN-DEVELOPMENT, INC.



Principal Place of Business
**8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211 US**

Mailing Address
**8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211 US**

24084706



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
82-0579255

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAVIS, CHARLES T
8159 ARLINGTON EXPRESSWAY
SUITE 29
JACKSONVILLE, FL 32211**

Name **GOSSELIN, ROBERT J. SR.**

Street Address (P.O. Box Number is Not Acceptable)

12283 WINDSTREAM LANE

City **JACKSONVILLE**

FL

Zip Code **32258**

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

ROBERT J. GOSSELIN, SR., PRESIDENT

SEPT 8, 2004

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 September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
TRAVIS, CHARLES T
11152 OAKRIDGE DRIVE SO.
JACKSONVILLE, FL 32225** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CPD
GOSSELIN, ROBERT J. SR.
12283 WINDSTREAM LANE
JACKSONVILLE, FL 32258** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TRAVIS, DEBORAH
11152 OAKRIDGE DRIVE SO.
JACKSONVILLE, FL 32225** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GOSSELIN, PATRICIA L
12283 WINDSTREAM LANE
JACKSONVILLE, FL 32258** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
THOMSON, ROBERT H.
4106 ROGERO ROAD
JACKSONVILLE, FL 32277** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KENNEDY, GLORIA J
744 MORAVON AVENUE
JACKSONVILLE, FL 32211** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE:

Robert J. Gossein, Sr.

ROBERT J. GOSSELIN, SR.

SEPT 8, 2004

904-425-3031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #