

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001261

FILED
Jan 06, 2012
Secretary of State

Entity Name: CURRENT PROBLEMS, INC.

Current Principal Place of Business:

201 SE 2ND AVE
SUITE 201
GAINESVILLE, FL 32601 US

New Principal Place of Business:

400 W. UNIVERSITY AVE.
SUITE 201
GAINESVILLE, FL 32601 US

Current Mailing Address:

PO BOX 357098
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-3255550 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, FRITZI
20810 NE 132 AVE
WALDO, FL 32694 US

Name and Address of New Registered Agent:

OLSON, FRITZI
20810 NE 132 AVE
SUITE 106
WALDO, FL 32694 US

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:

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: LINGARD, JILL
Address: 6417 NW 53RD TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: VP
Name: HART, WANDA S
Address: 16807 NW 173RD TERR.
City-St-Zip: ALACHUA, FL 32615

Title: PD
Name: ROUNDTREE, DANIEL M
Address: 1205 N.E. 6TH TERRACE
City-St-Zip: GAINESVILLE, FL 326014413

Title: TD
Name: WARD, THOMAS H
Address: 512 NE 7 ST
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: BYERLY, MIKE
Address: PO BOX 776
City-St-Zip: MICANOPY, FL 32667

Title: ED
Name: OLSON, FRITZI S
Address: 20810 NE 132 AVE
City-St-Zip: WALDO, FL 32694

I hereby 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 all other like empowered.

SIGNATURE: FRITZI S. OLSON

ED

01/06/2012

Electronic Signature of Signing Officer or Director

Date