

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90042 026 \*\*\*550.00

**DOCUMENT # F06000001779**

1. Entity Name  
CITIZENS FIRST BANCORP, INC.



Principal Place of Business  
525 WATER STREET  
PORT HURON, MI 48060

Mailing Address  
525 WATER STREET  
PORT HURON, MI 48060

40100000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05122008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
38-3573582

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

GRAHAM, KEVIN H  
101 EAST KENNEDY BOULEVARD  
SUITE 2800  
TAMPA, FL 33602

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME CP ☐ Delete  
STREET ADDRESS CAMPBELL, MARSHALL J  
CITY-ST-ZIP 525 WATER STREET  
PORT HURON, MI 48060

TITLE  
NAME D ☐ Change ☒ Addition  
STREET ADDRESS Dr. Walid Demashkieh, MD, FACC  
CITY-ST-ZIP 525 Water Street  
Port Huron MI 48060

TITLE  
NAME VCST ☐ Delete  
STREET ADDRESS REGAN, TIMOTHY D  
CITY-ST-ZIP 525 WATER STREET  
PORT HURON, MI 48060

TITLE  
NAME D ☐ Change ☒ Addition  
STREET ADDRESS Bethany A. Bekinger  
CITY-ST-ZIP 525 Water Street  
Port Huron MI 48060

TITLE  
NAME D ☐ Delete  
STREET ADDRESS WHIPPLE, JANICE U  
CITY-ST-ZIP 525 WATER STREET  
PORT HURON, MI 48060

TITLE  
NAME D ☐ Change ☒ Addition  
STREET ADDRESS Gerald R. Berchard  
CITY-ST-ZIP 525 Water Street  
Port Huron MI 48060

TITLE  
NAME D ☐ Delete  
STREET ADDRESS DEMASHKIEH, WALID M.D.  
CITY-ST-ZIP 1522 PINE GROVE AVENUE  
PORT HURON, MI 48060

TITLE  
NAME D ☐ Change ☒ Addition  
STREET ADDRESS Daniel G. Lockwood, CPA  
CITY-ST-ZIP 525 Water Street  
Port Huron MI 48060

TITLE  
NAME D ☐ Delete  
STREET ADDRESS COOLEY, RONALD  
CITY-ST-ZIP 2801 GRATIOT  
MARYSVILLE, MI 48040

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #