SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000040838 (1)

1. Corporation Name

CITIZENS COMMUNITY BANCORP, INC.

Principal Place of Business: ~~606 BALD EAGLE DR., STE. 301 MARCO ISLAND FL 33937~~

Mailing Address: ~~606 BALD EAGLE DR., STE. 301 MARCO ISLAND FL 33937~~

3. Date Incorporated or Qualified: 05/24/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 1112 1/2 NORTH COLLIER BLVD
Suite, Apt #, etc
22: CHAMBER OF COMMERCE PLZA
City & State
23: MARCO ISLAND, FL
Zip 24: 33937 Country 25: USA

2a. Mailing Address
26: 1112 1/2 NORTH COLLIER BLVD
Suite, Apt # etc
27: CHAMBER OF COMMERCE PLZA
City & State
28: MARCO ISLAND, FL
Zip 29: 33937 Country 30: USA

4. FEI Number: 65-0614044 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

IGLER & DOUGHERTY
1501 PARK AVE. EAST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	BEYER, DIANE	
STREET ADDRESS	511 GORDONIA RD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	COX, JOEL M SR.	
STREET ADDRESS	606 BALD EAGLE DR., STE. 301	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	☐ DELETE
NAME	GARRISON, THOMAS	
STREET ADDRESS	1120 SILVER SANDS AVE.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	☐ DELETE
NAME	JANSEN-LENS, PAUL	
STREET ADDRESS	992 WINTERBERRY	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	☐ DELETE
NAME	LYNCH, DENNIS	
STREET ADDRESS	540 BRENTWOOD POINT	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	☐ DELETE
NAME	MAYERHOFER, HEIDI	
STREET ADDRESS	1276 TREASURE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 33937	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	McLAUGHLIN, STEPHEN A	
1.3 STREET ADDRESS	6624 D TANNIN LANE	
1.4 CITY-ST-ZIP	NAPLES, FL 33942	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	STORM, RICHARD, JR	
2.3 STREET ADDRESS	264 ROCK HILL COURT	
2.4 CITY-ST-ZIP	MARCO ISLAND, FL 33937	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	UPSON, W. TERRELL	
3.3 STREET ADDRESS	4055 CRAYTON ROAD	
3.4 CITY-ST-ZIP	NAPLES, FL 33940	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: S A McLaughlin, SECRETARY 6/10/96 941-642-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
STEPHEN A. McLAUGHLIN SECRETARY