

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000040838 (1)

1. Corporation Name

CITIZENS COMMUNITY BANCORP, INC.

Principal Place of Business

650 E ELKCAM CIR  
MARCO ISLAND FL 34145  
US

Mailing Address

P O BOX 1999  
MARCO ISLAND FL 34146  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0614044	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
IGLER & DOUGHERTY 1501 PARK AVE. EAST TALLAHASSEE FL 32301				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

Signature, typed or printed name of registered agent and title if applicable

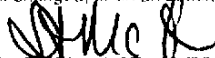
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEYER, DIANE			1.2 NAME			
STREET ADDRESS	3953 DEEP PASSAGE LOAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, JOEL M SR.			2.2 NAME			
STREET ADDRESS	806 BALD EAGLE DR., STE. 301			2.3 STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND FL 33937			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GARRISON, THOMAS			3.2 NAME			
STREET ADDRESS	1120 SILVER SANDS AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JANSEN-LENS, PAUL			4.2 NAME	D James Hagedorn		
STREET ADDRESS	992 WINTERBERRY			4.3 STREET ADDRESS	1692 San Marco Road		
CITY-ST-ZIP	MARCO ISLAND FL 33937			4.4 CITY-ST-ZIP	Marco Island, FL 34145		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LYNCH, DENNIS			5.2 NAME			
STREET ADDRESS	540 BRENTWOOD POINT			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33963			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MAYERHOFER, HEIDI			6.2 NAME	D/V.P. Stephen A. McLaughlin		
STREET ADDRESS	1278 TREASURE COURT			6.3 STREET ADDRESS	650 E. Elcam Circle		
CITY-ST-ZIP	MARCO ISLAND FL 33937			6.4 CITY-ST-ZIP	Marco Island, FL 34145		

14. 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 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 607, 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

2/5/98

941.389.1800

CR2E034 (10/97)