


**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90017 013 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P95000040838**

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

3. Date Incorporated or Qualified

**05/24/1995**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City &amp; State

**23**

City &amp; State

**27**

Zip

Country

Zip

Country

**24**
**25**
**29**
**30**

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

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 ☐ DELETE
**D**  
**BEYER, DIANE**  
**3953 DEEP PASSAGE LOAY**  
**NAPLES FL**
TITLE ☐ DELETE
**D**  
**COX, JOEL M SR.**  
**606 BALD EAGLE DR., STE. 301**  
**MARCO ISLAND FL 33937**
TITLE ☐ DELETE
**D**  
**GARRISON, THOMAS**  
**1120 SILVER SANDS AVE.**  
**NAPLES FL 33942**
TITLE ☐ DELETE
**D**  
**HOGEDORN, JAMES**  
**1692 SAN MARCO RD**  
**MARCO ISLAND FL 34145**
TITLE ☐ DELETE
**D**  
**LYNCH, DENNIS**  
**540 BRENTWOOD POINT**  
**NAPLES FL 33963**
TITLE ☐ DELETE
**DVP**  
**MCLAUGHLIN, STEPHEN A**  
**650 E ELKCAM CIR**  
**MARCO ISLAND FL 34145**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
**D**  
**LOUIS J. SMITH**  
**8949 LELY ISLAND CIRCLE**  
**NAPLES FL 34113**
2.1 TITLE ☐ Change ☒ Addition
**DC**  
**RICHARD STORM, JR**  
**650 E. ELKCAM CIRCLE**  
**MARCO ISLAND, FL 34145**
3.1 TITLE ☐ Change ☒ Addition
**D**  
**JOHN J. WOLF**  
**1250 N. TAMiami TRAIL # 107**  
**NAPLES, FL 34102**
4.1 TITLE ☐ Change ☒ Addition
**DC**  
**BRUCE G. FEDOR**  
**510 TAMiami TRAIL EAST**  
**NAPLES, FL 34113**
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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)