

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002409 (6)

1. Corporation Name

CITIZENS COMMUNITY BANK OF FLORIDA

Principal Place of Business

604 ELKCAM CIRCLE
MARCO ISLAND FL

Mailing Address

604 ELKCAM CIRCLE
MARCO ISLAND FL 34145

2. Principal Place of Business

21 650 E. ELKCAM CIRCLE

Suite, Apt. #, etc.

City & State

23 MARCO ISLAND, FL

Zip

24 34145

Country

25 US

2a. Mailing Address

28 P.O. Box 1999

Suite, Apt. #, etc.

City & State

29 MARCO ISLAND, FL

Zip

29 34146

Country

30 US

9. Name and Address of Current Registered Agent

Not reg'd pursuant
to 607.0501(2)
Fl. Stat.

3. Date Incorporated or Qualified

01/09/1996

3a. Date of Last Report

4. FEI Number

65-0619519

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

10. Name and Address of New Registered Agent

81 Name

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

83

1919 E. Dougherty
1501 Park Ave. East

84

Tallahassee

City

FL

85 Zip Code

32301

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

NAME
D BEYER, DIANE M
STREET ADDRESS
511 GORDONIA DR
CITY-ST-ZIP
NAPLES FL 22942

TITLE ☐ DELETE

NAME
D COX, JOEL M
STREET ADDRESS
806 BALD EAGLE DR
CITY-ST-ZIP
MARCO ISLAND FL 33937

TITLE ☒ DELETE

NAME
D ESSING, DENNIS D
STREET ADDRESS
8500 MYSTIC GREENS
CITY-ST-ZIP
NAPLES FL 33982

TITLE ☐ DELETE

NAME
D GARRISON, THOMAS B
STREET ADDRESS
1120 SILVER SANDS AVE
CITY-ST-ZIP
NAPLES FL 33942

TITLE ☐ DELETE

NAME
D JANSSENS-LENS, PAUL
STREET ADDRESS
992 WINTERBERRY DRIVE
CITY-ST-ZIP
MARCO ISLAND FL 33937

TITLE ☐ DELETE

NAME
D LYNCH, DENNIS J
STREET ADDRESS
766 BRENTWOOD POINT
CITY-ST-ZIP
NAPLES FL 33983

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

14. I do 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.
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

Signature of Registered Agent

4/29/97 941-309-1801

FILED

97 JUN 23 AM 11:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2E034 (9/96)