

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 13, 2008
Secretary of State**

DOCUMENT# S36570

Entity Name: CITIZENS FIRST BANK

Current Principal Place of Business:1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US**New Principal Place of Business:****Current Mailing Address:**1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US**New Mailing Address:**

FEI Number: 59-3018034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:KILLINGSWORTH, T M
1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US**Name and Address of New Registered Agent:**HUDSON, BRIAN D ESQ.
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

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.

SIGNATURE: BRIAN D. HUDSON, ESQ.

06/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: WISE, JOHN F
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162Title: D () Delete
Name: LEVINE, MICHAEL S
Address: 33835 OVERTON DR
City-St-Zip: LEESBUKRG, FL 34788Title: DV () Delete
Name: SCHMID, DANNY A
Address: 04341 EMMAUS RD
City-St-Zip: FRUITLAND PARK, FL 34731Title: DP (X) Delete
Name: KILLINGSWORTH, T MICHAEL
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162Title: D () Delete
Name: BROOKS, W. THOMAS
Address: 1020 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162Title: S () Delete
Name: CRAWFORD, MICHELLE D
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: DP (X) Change () Addition
Name: SCHMID, DANNY A
Address: 04341 EMMAUS RD
City-St-Zip: FRUITLAND PARK, FL 34731Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY A. SCHMID

DP

06/13/2008

Electronic Signature of Signing Officer or Director

Date