

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36570

FILED
Jan 13, 2012
Secretary of State

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:

HUDSON, BRIAN D ESQ.
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CFO
Name: CRAWFORD, KRISTEN
Address: 455 ROLLING ACRES RD
City-St-Zip: THE VILLAGES, FL 32159 US

Title: COO
Name: SULLIVAN, SCOTT J
Address: 455 ROLLING ACRES RD
City-St-Zip: THE VILLAGES, FL 32159 US

Title: D,P
Name: KURTZ, STEPHEN T
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162 US

Title: CSEC
Name: CRAWFORD, MICHELLE D
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162 US

Title: DEVP
Name: SCHMID, DANNY A
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: D
Name: BRIDGES, CLIFTON L
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE D CRAWFORD

CSEC

01/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date