2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S36570

Entity Name: CITIZENS FIRST BANK

FILED Mar 12, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 903 AVENIDA CENTRAL THE VILLAGES, FL 32159 US **Current Mailing Address: New Mailing Address:** 903 AVENIDA CENTRAL THE VILLAGES, FL 32159 US FEI Number: 59-3018034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KILLINGSWORTH, T M 903 AVENIDA CENTRAL THE VILLAGES, FL 32159 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: T. MICHAEL KILLINGSWORTH 03/12/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition WISE, JOHN F Name: Name: 12290 SW 16TH AVE Address: Address: City-St-Zip: OCALA, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: LEVINE, MICHAEL S Name: 33835 OVERTON DR Address: Address: LEESBUKRG, FL City-St-Zip: City-St-Zip: Title: Title: () Delete DV (X) Change () Addition CROCKER, JANICE B SCHMID, DANNY A Name: Name: 903 AVENIDA CENTRAL 1341 GRIFFIN ROAD Address: Address: City-St-Zip: LADY LAKE, FL City-St-Zip: LEESBURG, FL 34748 Title: DP () Delete Title: () Change () Addition KILLINGSWORTH, MICHAEL Name: Name: Address: 903 AVENIDA CENTRAL Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: Title: Title: () Delete () Change () Addition BROOKS, W. THOMAS Name: Name: 206 N 3RD STREET Address: Address: City-St-Zip: THE VILLAGES, FL 32159 City-St-Zip: Title: () Delete Title: () Change () Addition STOUGH, BETTY J Name: Name: 1500 BANDEROUS AVENUE Address: Address: City-St-Zip: City-St-Zip: THE VILLAGES, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: T. MICHAEL KILLINGSWORTH PRES 03/12/2003

CLIFTON L BRIDGES, DIRECTOR 6525 SUNNYSIDE DRIVE LEESBURG, FL 34748

R DEWEY BURNSED, DIRECTOR 1100 MAIN STREET THE VILLAGES, FL 32159