

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000082747

Entity Name: CITIZENS FINANCIAL PARTNERS, INC.**Current Principal Place of Business:**156 GENEVA DRIVE
OVIEDO, FL 32765-7203**Current Mailing Address:**PO BOX 620729
OVIEDO, FL 32765-0729**FEI Number: 52-2371611****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LEE, RICHARD H
156 GENEVA DRIVE
OVIEDO, FL 32765-7203 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P, DIRECTOR
Name	LEE, RICHARD H
Address	1055 BRUMLEY RD
City-State-Zip:	CHULUOTA FL 32766

Title	VP, CFO
Name	SMITH, GREGORY E
Address	726 GLEN EAGLE DR
City-State-Zip:	WINTER SPRINGS FL

Title	TREASURER
Name	TAYLOR, MARIE
Address	2033 KELLY CREEK CIR
City-State-Zip:	OVIEDO FL 32765

Title	BSA OFFICER
Name	MOORE , PAULA
Address	736 INNSBRUCK DR
City-State-Zip:	ORLANDO FL 32825

Title	VP
Name	SLATTERY, TIM
Address	2060 WILLINGHAM RD
City-State-Zip:	CHULUOTA FL

Title	SECRETARY
Name	DUNMIRE, GLORIA
Address	2430 BLACKBERRY TRAIL
City-State-Zip:	OVIEDO FL 32765

Title	VP
Name	VARGO, TERRY
Address	2796 GOLDENROD RD
City-State-Zip:	WINTER PARK FL 32789

Title	CHAIRMAN, DIRECTOR
Name	EVANS, ARTHUR
Address	6615 LAKE CHARM CIR
City-State-Zip:	OVIEDO FL 32765

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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: MARIE TAYLOR**TREASURER****03/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUKAS, JONATHAN
Address 1315 E. RED BUG ROAD
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name CLONTS, W R
Address 6265 LAKE CHARM CIR
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name JACOBS, DONALD
Address 4723 BROWN RD
City-State-Zip: CHRISTMAS FL 32809

Title DIRECTOR
Name ONDICK, ANNA
Address 989 GREENTREE DR
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name DUDA , DAVID
Address 709 CONESUS LN
City-State-Zip: WINTER SPRINGS FL

Title DIRECTOR
Name BLACKWOOD, BERNARD
Address 381 MAPLE COURT
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name DRUMMER, DONALD
Address 169 EASTON CIRCLE
City-State-Zip: OVIEDO FL 32765

Title DIRECTOR
Name MARTIN, ROBERT
Address 395 OLD MIMS RD
City-State-Zip: GENEVA FL 32732

Title DIRECTOR
Name TULP, LOUIS
Address 4000 CURRYVILLE RD
City-State-Zip: CHULUOTA FL 32766