

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S36570

FILED
Apr 25, 2023
Secretary of State
5140130392CC

Entity Name: CITIZENS FIRST BANK

Current Principal Place of Business:

1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

Current Mailing Address:

PO BOX 1927
THE VILLAGES, FL 32158-1927 US

FEI Number: 59-3018034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDSON, BRIAN DESQ.
3619 KIESSEL RD
THE VILLAGES, FL 32163 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 EVP - CHIEF FINANCE & RISK OFFICER
Name CRAWFORD, KRISTEN
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title EVP, COO
Name SULLIVAN, SCOTT J
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title CORPORATE SECRETARY
Name WEISS, MARTINA
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title EVP, CHIEF LENDING OFFICER
Name WEBER, BRAD
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title DIRECTOR, PRESIDENT & CEO
Name BLAISE, LINDSEY M.
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title EVP - CHIEF BANKING OFFICER
Name BARTHOLOMEW, JAY
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

Title SVP, CFO
Name IVERS, MATTHEW
Address 6494 POWELL RD
City-State-Zip: THE VILLAGES FL 32163-2038

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: MARTINA WEISS

CORPORATE SECRETARY

04/25/2023

Electronic Signature of Signing Officer/Director Detail

Date