

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 30, 2004
Secretary of State**

DOCUMENT# N02000004348

Entity Name: NEIGHBORHOOD LENDING PARTNERS HOMEOWNERSHIP FUND, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Mailing Address:

FEI Number: 33-1008304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA, INC
ONE TAMPA CITY CENTER, STE. 2100
201 NORTH FRANKLIN STREET
TAMPA, FL 33602 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: V () Delete
Name: TATREAU, KEVIN
Address: 1710 GEORGIA AVE. N.E.
City-St-Zip: ST. PETERSBURG, FL 33703

Title: V () Delete
Name: RIVAS, CARLOS A
Address: 4622 CLOVERLAWN DRIVE
City-St-Zip: TAMPA, FL 33624

Title: P/D () Delete
Name: REYES, DEBRA S
Address: 4116 W. MCKAY AVE.
City-St-Zip: TAMPA, FL 33607

Title: D/C () Delete
Name: BURKE, FRANK
Address: 13246 N. DALE MABRY HWY
City-St-Zip: TAMPA, FL 33624

Title: D/S () Delete
Name: CONEY, CHLOE
Address: 1920 E. HILLSBOROUGH AVE.
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D/S (X) Change () Addition
Name: BROWN, KEITH
Address: 4600 W. CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: D () Change (X) Addition
Name: FAIRCLOTH, WADE H
Address: 100 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33602

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA REYES

P

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date

BARBARA SHEEN TODD - DIRECTOR
315 COURT STREET
CLEARWATER, FL 33756

GEORGE ROMAGNOLI - DIRECTOR
W. PASCO GOVT. CENTER
7530 LITTLE ROAD
NEW PORT RICHEY, FL 34654

SCOTT C. BOYLE - DIRECTOR
6100 4TH STREET NORTH
ST. PETERSBURG, FL 33703

DONALD HADSELL - DIRECTOR
111 SOUTH ORANGE
SARASOTA, FL 34236

DEXTER L. BARGE - DIRECTOR
9260 BAY PLAZA BLVD
SUITE 510
TAMPA, FL 33619

GRACE MIRANDA - DIRECTOR
1920 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

MARK A. HVOZDOVICH - DIRECTOR
2202 N. WESTSHORE BLVD
SUITE 150
TAMPA, FL 33607

ROBERT L. WILLIAMS III - DIRECTOR
333 THIRD AVENUE NORTH
ST. PETERSBURG, FL 33701

JERRY L. SCOTT - DIRECTOR
783 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

MANNY RIVERO - DIRECTOR
4202 E. FOWLER AVENUE
HMS 401
TAMPA, FL 33620