

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011001

FILED  
Feb 23, 2007  
Secretary of State

**Entity Name:** NEIGHBORHOOD LENDING PARTNERS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

3615 W SPRUCE STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3615 W SPRUCE STREET  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 56-2435240

**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  
ONE TAMPA CITY CENTER  
201 N FRANKLIN ST SUITE 2100  
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: D ( ) Delete  
Name: CREAMER, EDDIE  
Address: P.O. DRAWER 1690  
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: P ( ) Delete  
Name: OWENS, HAMPTON  
Address: 10748 DEERWOOD PARK BLVD. S., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S/D ( ) Delete  
Name: FRANKLAND, G. T  
Address: 9715 GATE PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: C/D ( ) Delete  
Name: SLATE, ELIZABETH M  
Address: 300 WEST ADAMS STREET  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: C ( ) Delete  
Name: CANUP, ED  
Address: 1301 METROPOLITAN BLVD  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: M ( ) Delete  
Name: REYES, DEBRA  
Address: 4116 WEST MCKAY AVENUE  
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: RAINNIE, WARD  
Address: 4655 SALISBURY ROAD, SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: P (X) Change ( ) Addition  
Name: BROWN, DOUGLAS B  
Address: 760 RIVERSIDE AVE., SUITE 255  
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP (X) Change ( ) Addition  
Name: DOUGLAS, ALAN  
Address: 601 REID STREET  
City-St-Zip: PALATKA, FL 32177 US

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

M

02/23/2007

Electronic Signature of Signing Officer or Director

Date