

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011001

FILED  
Feb 28, 2012  
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:**

3615 W SPRUCE STREET  
TAMPA, FL 33607 UN

**Current Mailing Address:**

3615 W SPRUCE STREET  
TAMPA, FL 33607

**New Mailing Address:**

3615 W SPRUCE STREET  
TAMPA, FL 33607 UN

**FEI Number:** 56-2435240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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:** CFOS  
**Name:** RIVAS, CARLOS  
**Address:** 3615 WEST SPRUCE ST  
**City-St-Zip:** TAMPA, FL 33607 US

**Title:** P  
**Name:** REYES, DEBRA  
**Address:** 4116 WEST MCKAY AVE  
**City-St-Zip:** TAMPA, FL 33609 US

**Title:** VSP  
**Name:** FELLOWS, MARY  
**Address:** 3615 WEST SPRUCE ST  
**City-St-Zip:** TAMPA, FL 33607 US

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

**SIGNATURE:** SUZANNE HANCOX

ASA

02/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date