

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50264

FILED  
Feb 09, 2006  
Secretary of State

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

**Current Principal Place of Business:**

2002 N LOIS AVENUE  
SUITE #150  
TAMPA, FL 33607 US

**New Principal Place of Business:**

3615 W SPRUCE STREET  
TAMPA, FL 33607 US

**Current Mailing Address:**

2002 N LOIS AVENUE  
SUITE #150  
TAMPA, FL 33607 US

**New Mailing Address:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607 US

**FEI Number:** 59-3138324      **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  
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: C ( ) Delete  
Name: BRITTON, CHARLES M  
Address: 601 N. ASHLEY DRIVE  
City-St-Zip: TAMPA, FL 33602

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

Title: S/T ( ) Delete  
Name: KEITH, BROWN  
Address: 4600 W. CYPRESS  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: WILLIAMS, ROBERT  
Address: 333 THIRD AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: V/C ( ) Delete  
Name: ALVAREZ, MANNY G  
Address: 4144 N. ARMENIA  
City-St-Zip: TAMPA, FL 33607

Title: P ( ) Delete  
Name: TATREAU, KEVIN  
Address: 1710 GEORGIA AVE. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

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

Title: P (X) Change ( ) Addition  
Name: BRITTON, CHARLES M  
Address: 601 N. ASHLEY DRIVE  
City-St-Zip: TAMPA, FL 33602

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

Title: C (X) Change ( ) Addition  
Name: MCDONALD, BRUCE  
Address: 600 N. WESTSHORE BLVD., SUITE 502  
City-St-Zip: TAMPA, FL 33609

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

02/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date