

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50264

FILED
Feb 23, 2007
Secretary of State

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

Current Principal Place of Business:

3615 W SPRUCE STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3615 W. SPRUCE STREET
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3138324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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: P () 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: C () Delete
Name: MCDONALD, BRUCE
Address: 600 N. WESTSHORE BLVD., SUITE 502
City-St-Zip: TAMPA, FL 33609

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: () 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
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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