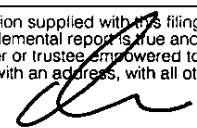


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N50264 1. Entity Name NEIGHBORHOOD LENDING PARTNERS OF WEST FLORIDA, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAR 20 PM 3:01	
Principal Place of Business 3615 W SPRUCE STREET TAMPA, FL 33607 US				Mailing Address 3615 W. SPRUCE STREET TAMPA, FL 33607 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 59-3138324			
5. Certificate of Status Desired ☐				Applied For Not Applicable			
6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA, INC ONE TAMPA CITY CENTER SUITE 2100 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL Zip Code 32301			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  Ricky Soto Assistant Secretary 03/20/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BRITTON, CHARLES M 601 N. ASHLEY DRIVE TAMPA, FL 33602 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M REYES, DEBRA S. 4116 W. MCKAY AVE. TAMPA, FL 33607 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	700121418377 03/27/08--01007--007 **245.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MCDONALD, BRUCE 600 N. WESTSHORE BLVD., SUITE 502 TAMPA, FL 33609 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott C. Boyle 6100 4th St North St Petersburg, FL 33703 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, ROBERT 333 THIRD AVENUE NORTH SAINT PETERSBURG, FL 33701 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/C ALVAREZ, MANNY G 4144 N. ARMENIA TAMPA, FL 33607 ☒ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Wade H. Faircloth 501 E. Kennedy Blvd. Ste 801 Tampa, FL 33002 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TATREAU, KEVIN 1710 GEORGIA AVE. NE ST. PETERSBURG, FL 33703 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	B 3/20/08 ☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  Carlos A. Rivas 3-13-08 873-874-4525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							