2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 20 PM 3:01

DOCUMENT # N50264

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

Principal Place of Business	Mailing Address
3615 W SPRUCE STREET TAMPA, FL 33607 US	3615 W. SPRUCE STREET TAMPA, FL 33607 US

03062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3138324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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) DATE

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	☐ Change ☐ Addition 700121418377 03/27/08--01007--007 **245.00
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	C 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	V/C Wade H. Faircloth 501 E. Kennedy Blvd. Ste 801 Tampa, FL 33602 ☐ 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	☐ Change ☐ Addition B 3/20/08

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. Rubio 3-13-08 813-876-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #