2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# N50264

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:

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: D ( ) Delete
Name: BRITTON, CHARLES M
Address: 601 N. ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602

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

Title: C ( ) Delete
Name: BOYLE, SCOTT C
Address: 6100 4TH ST NORTH
City-St-Zip: ST PETERSBURG, FL 33703

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

Title: V/C ( ) Delete
Name: FAIRCLOTH, WADE H
Address: 501 E KENNEDY BLVD., STE 801
City-St-Zip: TAMPA, FL 33002

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S/P (X) Change ( ) Addition
Name: STAMPER, WALTER
Address: 3615 WEST SPUCE ST
City-St-Zip: TAMPA, FL 33607

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
Name:
Address:
City-St-Zip:

Title: CFO ( ) Change (X) Addition
Name: RIVAS, CARLOS A
Address: 3615 WEST SPRUCE ST
City-St-Zip: TAMPA, FL 33627

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS A. RIVAS CFO 09/03/2009

Electronic Signature of Signing Officer or Director — Date