2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
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:

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:

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: S/P
Name: STAMPER, WALTER
Address: 3615 WEST SPUCE ST
City-St-Zip: TAMPA, FL 33607 US

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE HANCOX ASA 04/27/2010

Electronic Signature of Signing Officer or Director — Date