

2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N50264

Entity Name: NEIGHBORHOOD LENDING PARTNERS OF FLORIDA, INC.

Current Principal Place of Business:

3615 W SPRUCE STREET
TAMPA, FL 33607

Current Mailing Address:

3615 W SPRUCE STREET
TAMPA, FL 33607 US

FEI Number: 59-3138324

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: AUSHA ARNOLD

11/14/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SVP, FINANCIAL MANAGEMENT & COMPLIANCE DIRECTOR & ASST SECRETARY
Name FELLOWS, MARY
Address 3615 WEST SPUCE ST
City-State-Zip: TAMPA FL 33607

Title CHAIRMAN OF THE BOARD
Name LAFAVE, K OWEN
Address PO BOX ONE
City-State-Zip: TAMPA FL 33601-0001

Title VICE CHAIRMAN
Name RALEY, CLAIRE
Address 3615 WEST SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title SVP/SENIOR RISK OFFICER & PORTFOLIO MANAGER
Name HENRY-RENN, CHERYL
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title PRESIDENT/CEO
Name REYES, DEBRA S
Address 3615 WEST SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title EVP, CFO & ASST SECRETARY
Name RIVAS, CARLOS A
Address 3615 WEST SPRUCE ST
City-State-Zip: TAMPA FL 33627

Title SVP, SENIOR LENDER
Name WASSERMAN, LANIE
Address 3615 WEST SPRUCE ST
City-State-Zip: TAMPA FL 33607

Title VP/LOAN OPERATIONS MANAGER & ASST SECRETARY
Name KEEVER, CINZIA
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

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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: CARLOS RIVAS

CFO

11/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP/SMALL BUSINESS & PROGRAM DIRECTOR
Name SALAS, DEBRA
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name NELSON, KARL
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name MACINA, THOMAS
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name PROCTOR, HELEN
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title SECRETARY/TREASURER
Name WILLIAMS, ROBERT III
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name BURKE, FRANK
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607

Title DIRECTOR
Name MEROLLA, NANCY
Address 3615 W SPRUCE STREET
City-State-Zip: TAMPA FL 33607