

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50264

**FILED**  
**Mar 02, 2016**  
**Secretary of State**  
**CC9006254280**

**Entity Name:** NEIGHBORHOOD LENDING PARTNERS OF WEST 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

03/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	SVP	Title	P
Name	FELLOWS, MARY	Name	REYES, DEBRA S.
Address	3615 WEST SPUCE ST	Address	4116 W. MCKAY AVE.
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	C	Title	CFOS
Name	MACINA, THOMAS F	Name	RIVAS, CARLOS A
Address	710 CARILLON PKWY	Address	3615 WEST SPRUCE ST
City-State-Zip:	ST PETERSBURG FL 33716	City-State-Zip:	TAMPA FL 33627
Title	CEO		
Name	BURKE, FRANK		
Address	29750 US HWY 19 N		
City-State-Zip:	CLEARWATER FL 33761		

*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

03/02/2016

Electronic Signature of Signing Officer/Director Detail

Date