## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50264

Entity Name: NEIGHBORHOOD LENDING PARTNERS OF WEST FLORIDA,

INC.

FILED Feb 24, 2014 Secretary of State CC4260154455

## **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: Yes

# Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC. 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:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title SVP Title P

NameFELLOWS, MARYNameREYES, DEBRA S.Address3615 WEST SPUCE STAddress4116 W. MCKAY AVE.City-State-Zip:TAMPA FL 33607City-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

SIGNATURE: CARLOS RIVAS

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.

Electronic Signature of Signing Officer/Director Detail

CFO

02/24/2014