

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 01, 2005
Secretary of State**

DOCUMENT# N01000008409

Entity Name: NEIGHBORHOOD LENDING PARTNERS, INC.

Current Principal Place of Business:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2002 NORTH LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0581489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANDREW SERVICE CORPORATION OF FLORIDA, INC
ONE TAMPA CITY CENTER
SUITE 2100
TAMPA, FL 33602 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: FAIRCLOTH, WADE
Address: 100 W. KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33602 US

Title: D () Delete
Name: ALVEREZ, M.G.
Address: 4144 N. ARMENIA
City-St-Zip: TAMPA, FL 33607 US

Title: C/D () Delete
Name: CLOYD, WILLIAM H
Address: 205 E. ORANGE STREET
City-St-Zip: LAKE LAND, FL 33801 US

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

Title: D () Delete
Name: BROWN, BOB
Address: 13535 FEATHER SOUND DRIVE
City-St-Zip: CLEARWATER, FL 33762 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/D (X) Change () Addition
Name: BRITTON, CHARLES
Address: 601 N. ASHLEY DRIVE
City-St-Zip: TAMPA, FL 33602 US

Title: D (X) Change () Addition
Name: CLOYD, WILLIAM H
Address: 205 E. ORANGE STREET
City-St-Zip: LAKE LAND, FL 33801 US

Title: V/C (X) Change () Addition
Name: ALVAREZ, MANUEL G
Address: 4144 N. ARMENIA
City-St-Zip: TAMPA, FL 33607 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/T (X) Change () Addition
Name: BROWN, KEITH
Address: 4600 W. CYPRESS
City-St-Zip: TAMPA, FL 33607 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEBRA REYES

P

04/01/2005

Electronic Signature of Signing Officer or Director

Date