

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008409

FILED  
Feb 23, 2007  
Secretary of State

Entity Name: NEIGHBORHOOD LENDING PARTNERS, INC.

**Current Principal Place of Business:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 01-0581489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

Title: SVP ( ) Delete  
Name: MCDONALD, BRUCE  
Address: 600 N WESTSHORE BLVD., SUITE 502  
City-St-Zip: TAMPA, FL 33609 US

Title: V/C ( ) Delete  
Name: ALVAREZ, MANUEL G  
Address: 4144 N. ARMENIA  
City-St-Zip: TAMPA, FL 33607 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: S/T ( ) Delete  
Name: BROWN, KEITH  
Address: 4600 W. CYPRESS  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

Title: EXC (X) Change ( ) Addition  
Name: SIDES, REID  
Address: 822 A1A N. SUITE 100  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date