

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008409

FILED
Mar 17, 2009
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 (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 () Delete
Name: CASTIGLIA, A . BUSTER
Address: 150 ALHAMBRA CIRCLE, STE 100
City-St-Zip: CORAL GABLES, FL 33134

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

Title: D () Delete
Name: BROWN, KEITH
Address: 4600 W. CYPRESS
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: BOYLE, SCOTT C
Address: 6100 4TH STREET
City-St-Zip: ST PETERSBURG, FL 33703

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS A. RIVAS

CFO

03/17/2009

Electronic Signature of Signing Officer or Director

Date