## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008409

FILED Feb 28, 2012 Secretary of State

Entity Name: NEIGHBORHOOD LENDING PARTNERS, INC.

Current Principal Place of Business: New Principal Place of Business:

3615 W. SPRUCE STREET 3615 W. SPRUCE STREET TAMPA, FL 33607 UN

Current Mailing Address: New Mailing Address:

3615 W. SPRUCE STREET 3615 W. SPRUCE STREET TAMPA, FL 33607 UN

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 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

## **OFFICERS AND DIRECTORS:**

Title: C

Name: BURK, FRANK

Address: 29750 US HWY 19TH N City-St-Zip: CLEARWATER, FL 33761

Title: D

Name: MCDONALD, BRUCE

Address: 600 N WESTSHORE BLVD., SUITE 502

City-St-Zip: TAMPA, FL 33609 US

Title: CFOS

Name: RIVAS, CARLOS A
Address: 3615 WEST SPRUCE ST
City-St-Zip: TAMPA, FL 33607 US

Title: P/D

 Name:
 REYES, DEBRA

 Address:
 4116 W. MCKAY AVE.

 City-St-Zip:
 TAMPA, FL 33607 US

Title: SVP

 Name:
 FELLOWS, MARY

 Address:
 3615 WEST SPRUCE ST

 City-St-Zip:
 TAMPA, FL 33607 US

Title: D/S

 Name:
 BROWN, KEITH

 Address:
 4600 W. CYPRESS

 City-St-Zip:
 TAMPA, FL 33607 US

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: SUZANNE HANCOX ASA 02/28/2012