

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001227

FILED
Feb 09, 2006
Secretary of State

Entity Name: NEIGHBORHOOD LENDING PARTNERS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

2002 N. LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Principal Place of Business:

3615 W. SPRUCE STREET
TAMPA, FL 33607

Current Mailing Address:

2002 N. LOIS AVENUE
SUITE 150
TAMPA, FL 33607

New Mailing Address:

3615 W. SPRUCE STREET
TAMPA, FL 33607

FEI Number: 03-0391133

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: P () Delete
Name: BLANCO-TRUE, ERBIRA
Address: 611 SAN ANTONIO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S/T () Delete
Name: RASCO, MIGUEL
Address: 1390 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

Title: C () Delete
Name: EGGLAND, DANIEL
Address: 2701 S. BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

Title: M () Delete
Name: REYES, DEBRA
Address: 4116 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MESA, JULIAN
Address: 48 EAST FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

Title: V/C () Delete
Name: WILSON, CLAY
Address: 255 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: C (X) Change () Addition
Name: WILSON, CLAY F
Address: 255 ALHAMBRA CIRCLE, PEN HOUSE
City-St-Zip: CORAL GABLES, FL 33134

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 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

M

02/09/2006

Electronic Signature of Signing Officer or Director

Date