

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001227

FILED
Feb 28, 2012
Secretary of State

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

Current Principal Place of Business:

3615 W. SPRUCE STREET
TAMPA, FL 33607

New Principal Place of Business:

3615 W. SPRUCE STREET
TAMPA, FL 33607 UN

Current Mailing Address:

3615 W. SPRUCE STREET
TAMPA, FL 33607

New Mailing Address:

3615 W. SPRUCE STREET
TAMPA, FL 33607 UN

FEI Number: 03-0391133

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 AVE
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: P
Name: LA VILLA-TRAVIESO, CECILIA
Address: 1500 SAN REMO AVE. SUITE 140
City-St-Zip: CORAL GABLES, FL 33146

Title: VSP
Name: FELLOWS, MARY
Address: 3615 WEST SPRUCE ST
City-St-Zip: TAMPA, FL 33607

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

Title: P
Name: REYES, DEBRA
Address: 4116 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609

Title: C
Name: ANGLETON, JAMES
Address: 3615 WEST SPRUCE ST
City-St-Zip: VALRICO, FL 33607

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

Electronic Signature of Signing Officer or Director

Date