

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000011001

FILED
Feb 09, 2006
Secretary of State

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

Current Principal Place of Business:

2002 N LOIS AVE SUITE 150
TAMPA, FL 33607

New Principal Place of Business:

3615 W SPRUCE STREET
TAMPA, FL 33607

Current Mailing Address:

2002 N LOIS AVE SUITE 150
TAMPA, FL 33607

New Mailing Address:

3615 W SPRUCE STREET
TAMPA, FL 33607

FEI Number: 56-2435240

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
ONE TAMPA CITY CENTER
201 N FRANKLIN ST 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: D () Delete
Name: CREAMER, EDDIE
Address: P.O. DRAWER 1690
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: P () Delete
Name: OWENS, HAMPTON
Address: 10748 DEERWOOD PARK BLVD. S., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S/D () Delete
Name: FRANKLAND, G. T
Address: 9715 GATE PARKWAY NORTH
City-St-Zip: JACKSONVILLE, FL 32246 US

Title: C/D () Delete
Name: SLATE, ELIZABETH M
Address: 300 WEST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: V/C () Delete
Name: CANUP, ED
Address: 1301 METROPOLITAN BLVD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: M () Delete
Name: REYES, DEBRA
Address: 4116 WEST MCKAY AVENUE
City-St-Zip: TAMPA, FL 33609 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: C (X) Change () Addition
Name: CANUP, ED
Address: 1301 METROPOLITAN BLVD
City-St-Zip: TALLAHASSEE, FL 32308 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

M

02/09/2006

Electronic Signature of Signing Officer or Director

Date