

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000011001**

1. Entity Name  
**NEIGHBORHOOD LENDING PARTNERS OF NORTH FLORIDA, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 20 PM 3:07

Principal Place of Business  
**3615 W SPRUCE STREET  
TAMPA, FL 33607**

Mailing Address  
**3615 W SPRUCE STREET  
TAMPA, FL 33607**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

03062008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**56-2435240**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. 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**

7. Name and Address of New Registered Agent  
Name **CorpDirect Agents, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**515 East Park Avenue**  
City **Tallahassee** FL Zip Code **32301**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ricky Soto* **Ricky Soto Assistant Secretary** **03-20-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RAINIE, WARD 4655 SALISBURY ROAD, SUITE 100 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BROWN, DOUGLAS B 760 RIVERSIDE AVE., SUITE 255 JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500121418395 03/27/08--01007--007 **245.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DOUGLAS, ALAN 601 REID STREET PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C/D SLATE, ELIZABETH M 300 WEST ADAMS STREET JACKSONVILLE, FL 32202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARL INSEL 10328 DEERWOOD PARK Blvd JACKSONVILLE, FL 32256 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CANUP, ED 1301 METROPOLITAN BLVD TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Reid Sides 822 ALA MOON SUITE 100 PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M REYES, DEBRA 4116 WEST MCKAY AVENUE TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P B 3/20/08 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carol A. Rwin* **CAROL A. RWIN** **03-13-08** **813-875-4525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #