

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008409

**FILED**  
**Feb 04, 2021**  
**Secretary of State**  
**1238268885CC**

**Entity Name:** NEIGHBORHOOD LENDING PARTNERS, INC.

**Current Principal Place of Business:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607

**Current Mailing Address:**

3615 WEST SPRUCE ST  
TAMPA, FL 33607 US

**FEI Number: 01-0581489**

**Certificate of Status Desired: No**

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

NRAI  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: AUSHA ARNOLD**

**02/04/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN OF THE BOARD,  
CHAIRMAN  
Name SULLIVAN, THAIS  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title EVP, CFO & ASST SECRETARY  
Name RIVAS, CARLOS A  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title PRESIDENT, CEO  
Name REYES, DEBRA  
Address 3615 WEST SPRUCE STREET  
City-State-Zip: TAMPA FL 33607

Title EVP, COO  
Name FELLOWS, MARY  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name RALEY, CLAIRE  
Address 3615 W SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title SECRETARY/TREASURER  
Name KILPATRICK, MICHAEL  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title VP, LOAN OPERATIONS MANAGER &  
ASST SECRETARY  
Name KEEVER, CINZIA  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name LAFAVE, K OWEN  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

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*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: CARLOS RIVAS**

**CFO**

**02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MACINA, THOMAS  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title VC  
Name MEROLLA, NANCY  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title DIRECTOR  
Name PROCTOR, HELEN  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607