

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008409

**FILED**  
**Jan 29, 2015**  
**Secretary of State**  
**CC8747419213**

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

**Current Principal Place of Business:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607

**Current Mailing Address:**

3615 W. SPRUCE STREET  
TAMPA, FL 33607 UN

**FEI Number: 01-0581489**

**Certificate of Status Desired: Yes**

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

CORPDIRECT AGENTS, INC.  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title C  
Name BURK, FRANK  
Address 29750 US HWY 19TH N  
City-State-Zip: CLEARWATER FL 33761

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

Title P/D  
Name REYES, DEBRA  
Address 4116 W. MCKAY AVE.  
City-State-Zip: TAMPA FL 33607

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

Title CHAIRMAN  
Name MACINA, THOMAS F  
Address 710 CARILLON PKWY  
City-State-Zip: ST PETERSBURG, FL 33716

*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**

**01/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date