

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008409

**FILED**  
**Mar 21, 2018**  
**Secretary of State**  
**CC7886444530**

**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: Yes**

**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**

**03/21/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE CHAIRMAN OF THE BOARD  
Name RALEY, CLAIRE  
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 SVP, FINANCIAL MANAGEMENT & COMPLIANCE DIRECTOR & ASST SECRETARY  
Name FELLOWS, MARY  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title CHAIRMAN OF THE BOARD  
Name LAFAVE, K OWEN  
Address P O BOX ONE  
City-State-Zip: TAMPA FL 33601-0001

Title SECRETARY/TREASURER  
Name WILLIAMS, ROBERT III  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title SVP, SENIOR LENDER  
Name WASSERMAN, LANIE  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

Title SVP, SENIOR RISK OFFICER & ASST SECRETARY  
Name HENRY-RENN, CHERYL  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

**Continues on page 2**

*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**

**03/21/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

Title DIRECTOR  
Name MACINA, THOMAS  
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

Title VP, SMALL BUSINESS & PROGRAM  
DIRECTOR  
Name SALAS, DEBRA  
Address 3615 WEST SPRUCE ST  
City-State-Zip: TAMPA FL 33607

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

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