

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008409

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

02/24/2022

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: MARY FELLOWS

EVP,COO

02/24/2022

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