
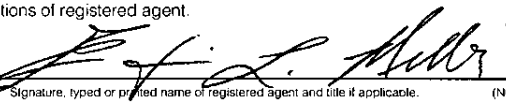
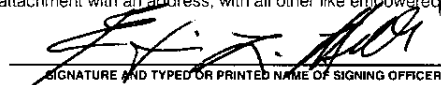


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90040 043 ****61.25

DOCUMENT # 766594 1. Entity Name BAC FUNDING CONSORTIUM, INC.					
Principal Place of Business 6600 N.W. 27TH AVE MIAMI, FL 33147 US			Mailing Address 6600 N.W. 27TH AVE MIAMI, FL 33147 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2425541	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, EDWIN L. 6600 N.W. 27 AVE. MIAMI, FL 33147				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, RONALD E.			NAME	
STREET ADDRESS	1320 N.W. 88TH STREET			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, EDWIN L.			NAME	
STREET ADDRESS	6600 N.W. 27 AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATIMER, OTTO			NAME	
STREET ADDRESS	17121 NE 6TH AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33162			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, BARTON S			NAME	
STREET ADDRESS	6600 NW 27TH AVE.			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33142			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, KARIN			NAME	
STREET ADDRESS	14850 NW 77TH CT STE 200			STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, DANNY			NAME	
STREET ADDRESS	2495 NW 82ND AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33122			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				Date Daytime Phone #	