


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 766594 1. Entity Name BAC FUNDING CONSORTIUM, INC.	
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Principal Place of Business 6600 N.W. 27TH AVE MIAMI, FL 33147 US	Mailing Address 6600 N.W. 27TH AVE MIAMI, FL 33147 US
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2425541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, EDWIN L.
6600 N.W. 27 AVE.
MIAMI, FL 33147

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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.

SIGNATURE:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25
Due by May 1, 2005

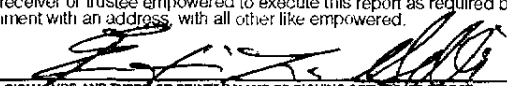
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRAZIER, RONALD E. 1320 N.W. 88TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, EDWIN L. 6600 N.W. 27 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LATIMER, OTTO 17121 NE 6TH AVE MIAMI, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, BARTON S 6600 NW 27TH AVE. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VICKERS, KARIN 14850 NW 77TH CT STE 200 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DANNY 2495 NW 82ND AVE MIAMI, FL 33122

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(11777)0201525
 01/28/05-80058-025 61.25

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:  DATE: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR