


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90156 027 ****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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2425541	Applied For <input type="checkbox"/> 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

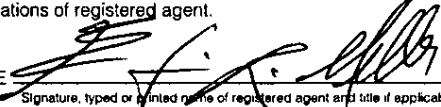
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS

TITLE	CD <input type="checkbox"/> Delete
NAME	FRAZIER, RONALD E.
STREET ADDRESS	1320 N.W. 88TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	PD <input type="checkbox"/> Delete
NAME	MILLER, EDWIN L.
STREET ADDRESS	6600 N.W. 27 AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	SD <input type="checkbox"/> Delete
NAME	LATIMER, OTTO
STREET ADDRESS	17121 NE 6TH AVE
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	D <input type="checkbox"/> Delete
NAME	MARTIN, DANNY
STREET ADDRESS	2495 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33122
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clara Diaz-Ieal
STREET ADDRESS	200 S. Biscayne Blvd., Ste. 1500
CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terrell West
STREET ADDRESS	1 Alhambra Plaza
CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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